

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 14, 2004

Re: IRO Case # M2-04-0682

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Lumbar MRI report 8/5/03
4. Pain clinic M.D. report 11/7/03
5. Orthopedic surgeon consult report 10/23/03
6. Orthopedic surgeon review. report 7/16/03
7. Rehabilitation center notes

History

The patient is a 45-year-old obese, female who was injured in ___ when a truck rear-ended the school bus that she was driving. The patient developed back, neck and shoulder pain. Physical therapy was pursued without benefit. There was some lower extremity pain, worse on the left side, but on examination straight leg raising was negative and there was no neurologic deficit. An 8/5/03 MRI of the lumbar spine showed some changes at L1-2 that did not correspond to her symptoms. No other abnormalities were noted. Despite this, one consultant indicated that there was a disk herniation at L4-5. In the records provided for this review there certainly was nothing on examination to suggest disk rupture at L4-5 with L5 nerve root compression.

Requested Service(s)

Lumbar epidural steroid injection

Decision

I agree with the carrier's decision to deny the requested injection.

Rationale

There was no evidence on examination, or on imaging study reports of any pathology that would lead to changes that would be helped by an epidural steroid injection. On most occasions when epidural steroid injections are helpful, there are distinct changes that could be causing tissue alteration that produces pain. In this case, that is not present. In addition, the latest reports provided indicate that the patient was having primarily neck and shoulder pain, which would not be helped by the proposed epidural steroid injections.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 17th day of June 2004.