

February 5, 2004

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TWCC Medical Dispute Resolution  
MS-48  
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Austin, TX 78744-1609

MDR Tracking #: M2-04-0698-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Pain Management and board certification in Anesthesiology. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

On \_\_\_, \_\_\_ was injured as a result of lifting an 80-pound bag of concrete. Following the injury, he began chiropractic treatment for approximately two months, followed by six weeks of a work hardening program. He also had three caudal epidural steroid injections by \_\_\_. Unfortunately, there is inadequate follow-up documentation regarding clinical benefits, if any, of the caudal epidural steroid injections other than a designated doctor report from \_\_\_ in which he states the patient's report of approximately two weeks' benefit from each of the three epidural steroid injections.

\_\_\_ provided intra-articular steroid injections on 6/23/03 at left L3/4, L4/5 and L5/S1. Unfortunately, the follow-up for that procedure was not until 8/13/03 when the patient was seen by \_\_\_ who documented "100% relief of back and thigh pain," but does not state the duration of that result. A subsequent follow-up on 10/31/03 by \_\_\_ documents the patient having a "nice response" to facet joint injections, again not stating the degree

or duration. \_\_\_ then requested medial branch blocks of L4/5 and L5/S1 on the left to determine whether the patient was a candidate for radio frequency rhizolysis at those levels. No physical examination is documented by either \_\_\_ or \_\_\_ on each of those two follow-up visits. \_\_\_ also had a lumbar MRI on 7/9/03 demonstrating mold disc degeneration at L3/4, L4/5 and L5/S1 with no evidence of facet degeneration or disease. There was specific mention of no evidence of disc protrusion or herniation. The request for left L4/5 and L5/S1 medial branch blocks has been twice denied based on minimal findings on MRI and the fact that the patient had already had facet joint injections.

#### REQUESTED SERVICE

ASC Median Branch Blocks at L4/5, L5/S1 facets on the left are requested for this patient.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

There is no physical examination documentation of any findings consistent with facet disease by either \_\_\_ or \_\_\_. The patient has had left L3/4, L4/5 and L5/S1 intra-articular facet joint steroid injections which allegedly provided significant relief, but the documentation does not indicate how long that relief lasted, or at what level that relief lasted. Finally, the MRI demonstrates no evidence of facet injury, pathology, or degeneration. In the absence of objective evidence of facet disease, physical examination findings related to facet syndrome and clear documentation regarding degree and duration of pain relief following intra-articular steroid injections, medial branch blocks are neither medically reasonable nor necessary. The requesting physician has not provided documentation to establish how medial branch blocks would be indicated. Therefore, the medical necessity for left L4/5 and L5/S1 branch blocks has not been established to justify necessity for performing this procedure.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## 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.

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 5<sup>th</sup> day of February 2004.**