

February 2, 2004

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TWCC Medical Dispute Resolution
MS-48
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MDR Tracking #: M2-04-0705-01
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 Medical Doctor with a specialty and board certification in Physical Medicine and Rehabilitation. 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 ___ ___ injured her neck and low back when pulling a 50 lb. box into a truck. She underwent conservative treatment without improvement in her lower back and had an MRI that identified transition of the L5/S1 segment and L5/S1 disc bulging against the S1 nerve root and facet arthropathy. She underwent a series of three ESIs and was doing well after those until 9/17/02 when she attempted to lift an 8th grader out of a wheelchair in the bathroom. The child weighed about 45 pounds and the patient experienced low back pain. She was hospitalized on that date after she lifted the child, which resulted in development of severe back pain. Since then, ___ noted on 3/11/03 that she has been having increased pain.

___ remains symptomatic at this time. She was also offered office manipulation, but was unable to tolerate complete procedure due to the pain. She also underwent a trial of five muscle relaxants. She has had orthopedic and neurosurgical consultation.

___ has offered surgical intervention. Consultation by ___ recommended manipulation under anesthesia times three for noninvasive attempt to improve her condition. He also proposed bilateral sacroiliac joint intra-articular injections and requested pre-authorization from the carrier. He supported his recommendations with ten clinical research articles that show a greater than 50% response rate to manipulation under anesthesia and one study showed an 83.9% response rate. The carrier's denial was based on the determination that (1) the patient's main problem was not arthrogenic, (2) the patient's symptoms were discogenic in etiology, (3) the patient has not responded to previous treatment, (4) the patient has not tried sacroiliac joint injections for therapeutic or diagnostic purposes, (5) the patient was unlikely to have lasting improvement with this procedure and (6) supporting studies were not of high quality.

___ was determined by a designated doctor to not be at MMI on April 2, 2003. She also has a history of a ___ low back injury that resolved with chiropractic treatment. She is on medications – Neurontin 1200 mgs, from ___, Darvocet N – 100 p.r.n. for pain, Flexeril for sleep.

REQUESTED SERVICE

Manipulations under anesthesia x3 of bilateral lumbosacral spine and sacroiliac joints and bilateral sacroiliac joint intra-articular injections is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

___ is not a simple low back pain patient that has failed treatment. She responded to treatment. She re-injured her back and since the re-injury has not responded to treatments as she had in the past. She has a transitional lumbar segment, which is considered to not be stable as a mere fixed lumbar vertebrae. ___ presents approximately ten peer review articles supporting the proposed the proposed manipulation done with anesthesia. The carrier's response is denial of the procedure based on proprietary official disability guidelines. That is not supported by peer review articles. She may not respond to the proposed treatment as she has not responded to other proposed treatments, but that is not a rationale to deny the service.

___ 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 2nd day February of 2004.