

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0713-01

IRO Certificate No.: 5259

February 5, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

This is a gentleman with a lumbar injury who has undergone a number of treatments and modalities. These treatments included epidural steroid injections, oral steroids, work hardening, facet joint injections, electrical stimulation, and manipulations. Imaging studies noted hypertrophic and other degenerative changes that include osteophytes. None of the treatments offered appear to have ameliorated the symptomology.

REQUESTED SERVICE (S)

Medical necessity of the proposed outpatient lumbar facet injection at L5-S1.

DECISION

Endorse the prior determination. Uphold denial.

RATIONALE/BASIS FOR DECISION

The caveat is that the treatment will be reasonable and necessary for the injury. What is being treated is not a function of the reported mechanism of injury. The second caveat is this reasonable and necessary care? In that there have been several trials of facet injections, all to no avail according to the progress notes reviewed; there is no clinical indication for repeating failed treatments. Thus, based on the failure to demonstrate any efficacy, noting that the injury sustained did not cause or worsen the osteophytic and degenerative changes in the lumbar spine; there is no clear, competent clinical reason to repeat or endorse the treatment requested.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (20 Tex. Admin. Code 142.5©).

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 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 9th day of February 2004.