

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-4453.M2

February 24, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

MDR Tracking #: M2-04-0802-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in anesthesiology. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 60 year-old female who sustained a work related injury on ___. The patient reported that while at work she fell from a ladder injuring her back. In 1993 the patient underwent back surgery and had BAK cages placed. A CT myelogram obtained in 1999 is reported to have shown metallic implant contacts at the left L4 nerve root. X-rays of the lumbar spine and sacroiliac joints on 9/2/03 indicated degenerative appearing chronic changes, transitional vertebral body, and post surgical changes. An ultrasound report dated 10/23/03 indicated spasm in the right T7-10 area, spasm in the T12-L3 area on the left, adhesions and myofascitis in the L2 paraspinal on the left, scar tissue in the paraspinal muscles, and spasm and myofascitis in the lumbar paraspinals on the right. The diagnoses for this patient have included lumbar radiculopathy, edema, and backache, unspecified. The patient has been treated with surgery, therapy, medications, and epidural steroid injections.

Requested Services

Bilateral transforaminal ESI with fluoroscopy

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 60 year-old female who sustained a work related injury to her back on ____. The ___ physician reviewer indicated that the patient underwent surgery in 1993 with back BAK cages placed. The ___ physician reviewer noted that the patient continued to complain of back pain with radiation to both lower extremities.

The ___ physician reviewer also noted that treatment for this patient's condition has included therapy with medications, epidural steroid injections, and underwent an evaluation by pain management who recommended bilateral transforaminal epidural steroid injection with fluoroscopy. The ___ physician reviewer indicated that the last imaging study provided for review was from a CT myelogram from 1999 that demonstrated the BAK cages were in place. The ___ physician reviewer explained that the patient continued to complain of pain, however the patient demonstrated no neurological deficits on exam. The ___ physician reviewer noted that the patient is presently treated with Vicodin for pain. However, the ___ physician reviewer noted that there is no documentation provided showing that the patient has tried and failed any conservative treatments (physical therapy, alternative medical regimens) for pain control. The ___ physician reviewer also noted that although the patient is described as obese, there is no documentation provided indicating that the patient has attempted to lose weight to help her low back condition. Therefore, the ___ physician consultant concluded that the requested bilateral transforaminal ESI with fluoroscopy is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

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)** days of your receipt of this decision. (20 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)** 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. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

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

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2))

Sincerely,

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 24th day of February 2004.