

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 9, 2004

MDR Tracking #: M2-04-0818-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Anesthesiologist/Pain Management reviewer (who is board certified in Anesthesiology and Pain Management) who has an ADL certification. The physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

The claimant states she injured herself while bending over to pick up a piece of paper on ____. She developed back and right leg pain. The leg pain is located to the anterior lateral thigh. At her office visit on 11/18/03 she vocalized her pain to 50% in the back and 50% in the thigh and rated it at a 9/10. ___ stated the claimant has had multiple interventions including trigger point injections, a right sacroiliac joint injection, lumbar epidural steroid injections, right femoral cutaneous nerve blocks and physical therapy. There was no evidence that any of these interventions provided any significant long term relief. MRI study from 6/28/99 showed an anterior disc displacement at the L3/4 level with a small posterior protrusion also seen. The L4/5 level showed a small posterior protrusion. No compressive lesion was identified. CT/myelogram in 2000 again showed no compressive lesion. MRI scanning from October 2002 showed an L3/4 anterior herniation, L2/3 anterior spondylosis, L4/5 and L5/S1 degenerative disc disease. His notes also mentioned EMG/NCV studies showing an L4 radiculopathy. He does not comment on which side this was. The claimant also had a discogram with no control levels but concordant pain and degenerative patterns seen at L2/3, L3/4, and L4/5. His physical exam showed tenderness of the paraspinous musculature, pain worse with extension and lateral bending. Her gait was antalgic with a cane, sensory was normal. Motor was decreased in the right leg non-dermatomally. Straight leg raise was negative. Patrick's exam, femoral stretch and Tinel's signs at the femoral canal were positive on the right side.

Requested Service(s)

Bilateral L4 through S1 medial branch blocks with fluoroscopy and sedation.

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

After reviewing the chart, the claimant's injury was caused by bending over to pick up a piece of paper. She does have degenerative changes of the lumbar spine and has concordant pain with discography. Her physical exam, although showing increased pain with extension and lateral bending, also shows multiple other positive physical findings not consistent with facet arthropathy. Therefore, it is my opinion that the request for medical branch blocks is not medically necessary.

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 (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.