

February 24, 2004

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TWCC Medical Dispute Resolution
MS-48
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MDR Tracking #: M2-04-0819-01
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 in Occupational Medicine. 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

___ had a gradual onset of bilateral hand numbness associated with her repetitive activities at work as a data entry clerk. Her symptoms became progressively worse and she discontinued working on ___, which is apparently her reported date of injury. She was evaluated and treated by several physicians, including ___, hand surgeon, ___, and pain management, ___, neurologist, ___, vascular surgeon, and ___, chiropractic neurologist.

___ had release of the left carpal tunnel, release of the right carpal tunnel, Botox injections, injection of sympathetic ganglions bilaterally, hypnosis, left and right stellate ganglion block with myoneural injections, chemodenervation with Botulinum, type A, trigger point injections and behavioral pain management. She was also treated with therapy and oral medications.

REQUESTED SERVICE

A series of two trigger-point injections is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

___ note of 9/9/96 shows that ___ presented in December of 1994 with numbness and tingling of the hands and pain in the wrists and fingers. Her diagnosis was apparently bilateral carpal tunnel syndrome for which she underwent release. It appears that she subsequently was given a diagnosis of reflex sympathetic dystrophy (RSD). ___ note of 11/24/97 mentions that there is a dispute over the treatment of her neck. It appears that this patient now has chronic pain. Furthermore, ___ note of 2/4/99 shows that ___ was apparently involved in a motor vehicle accident one week prior to that visit. ___ note of 7/22/99 shows that there is a question of Raynaud's disease and connective tissue problems needed to be ruled out. ___ note of 9/18/00 also notes diagnoses of diabetes mellitus, sclerodactylia, scleroderma, hypothyroidism and lumbar disc problems.

Therefore, ___ injury and complaints are now almost ten years old.

___ note of 12/1/97 states that areas of trigger point tenderness and referred pain patterns are very well supported. He states that people that have ongoing chronic pain continue to have muscle spasms and subsequent difficulty with pain.

___ note of 4/1/99 shows that trigger point injections worked only on a short-term basis.

In summary, it appears that ___ has been treated with different treatment modalities over the past ten years, including trigger point injections, and she continues with complaints of pain. Even though the request for trigger point injections is apparently for the trapezius, the levators, the brachioradialis, the pronators, and extensor carpiradialis, the reviewer fails to see how carpal tunnel syndrome can give rise to problems with muscles in the back. Furthermore, because ___ has been treated with numerous treatment modalities, including trigger point injections, and she continues with chronic pain, a series of two 4-6 trigger point injections would not likely give her lasting relief ten years after her injury.

___ 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 24th day of February 2004.