

MDR Tracking Number: M2-04-0843-01
IRO Certificate# 5259

April 13, 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

The medical records reflect a letter from ___ regarding his peer-to-peer review with ___, indicating that the patient's symptoms have worsened in the last year, and he had requested studies of the neck and back as he had nothing else left to offer the patient.

There is a letter dated 10/28/03 from ___ indicating that the patient has chronic neck and low back pain, and has had previous surgery to the neck on 8/6/01. He indicates that he cannot be more specific with the diagnoses as all diagnostic therapeutic options have been denied. On 10/2/03, he indicates that this is a 53-year-old male with chronic neck and back pain. He is receiving Lortab for pain control. Upper extremity neurologic function is normal. Lower extremity neurologic function shows some mild strength deficits to bilateral ankles and dorsiflexors, and reflexes at the ankles are lost. He also recommends that the tender spots be injected with Kenalog and Xylocaine and recommends treatment with Duragesic patches. On 9/20/01, he indicates that he has not gone to therapy because he is in too much pain. On 8/30/01, he indicates that at that time this is a 52-year-old male with an accident in ___ that suffered a neck injury, had cervical fusion, a total of two operations and chronic neck pain. He complains of chronic back pain, and a CT scan showed spinal canal stenosis.

REQUESTED SERVICE (S)

Medical necessity of the proposed repeat cervical MRI and repeat lumbar MRI and trigger point injections.

DECISION

Deny cervical MRI and lumbar MRI.

Deny trigger point injections for chronic cervical pain status post surgery.

RATIONALE/BASIS FOR DECISION

Rationale is based on the findings and previous imaging studies showing degenerative changes and the previous surgical procedure to the neck. These procedures were as a result of the ___ injury and performed many years ago, and the ongoing complaints are consistent with a degenerative process and not an acute injury. Therefore, the workup of these entities with MRI scans would be under the purview of this individual's private health care and not under workers' compensation.

In regard to the postoperative neck region and tender points, it would be Unreasonable to consider this treatment with trigger point injections as a related problem to the work injury. If there is evidence of ongoing myofascial trigger points, it is not likely related to the work injury.

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 15th day of April 2004.