April 8, 2004

Re: MDR #: M2-04-0854-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in the area of chronic pain management and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:
Correspondence
History & physical exam and office notes
Nerve conduction study
Radiology report

Clinical History:
This claimant incurred a back injury related to an accident in the workplace on ___. Since that incident, he has complained of paresthesias along the left anterior hip associated with pain in that area. Lumbar MRI reveals an annular disc bulge at L2-L3 with some flattening of the thecal sac. There is also indication that the L4-L5 shows bilateral foraminal narrowing. The L5-S1 level shows broad-based subligamentous protrusion without nerve root impingement; however, there is bilateral spondylosis and mild bilateral encroachment in that area. Lumbar electro-neurodiagnostics reported no findings consistent with radiculopathy.

Disputed Services:
Transforaminal epidural steroid injection at two levels, trigger point injections X3, fluoroscopy, epiduragram with sedation

Decision:
The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that transforaminal epidural steroid injection at two levels are medically necessary. Trigger point injections X3 are not medically necessary in this case.

Rationale:
From the onset of symptoms, the claimant has complained of pain problems with associated paresthesias in a consistent area. There is also one office visit note that indicates abdominal wall examination without association of painful findings with radiation into the ilioinguinal iliohypogastric distribution. It is not unreasonable to expect that an L2-L3 disc disruption that has already been demonstrated on MRI could be associated with an annular tear and a chemical neuritis or possibly a mechanical neuritis while this patient is active and performing necessary duties related to his occupation. When performed properly, selective epidural nerve root blocks can be quite telling in regard to the etiology of suspected lumbar pain problems. In addition, the procedure carries a low risk for complications, can be accomplished quickly, and either help bring about resolution of the problem, or at the very least supply information regarding the need to look elsewhere for pain generators by ruling out the suspected lumbar nerve roots. Injection at two levels is standard practice for transforaminal epidural steroid injection. Regarding trigger point injections, the reviewer found no documentation indicating that such treatment should be considered reasonable or necessary.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 April 8, 2004

Sincerely,