

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0948-01

March 22, 2004
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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

Available information suggests that this patient reports an injury to her lower back while attempting to transfer a patient into a regular bed while working as a scrub technician at ___ on ___. The patient presented initially to an ___ and was found with lumbar strain and radicular pain into the lower extremities. Lumbar MRI was performed 05/02/03 and found essentially negative. Pain medications and physical therapy were prescribed by ___. On 07/31/03 the patient presented to ___ with increasing pain and radicular symptoms and was provided with a lumbar epidural steroid injection. The patient is also referred to a ___, for an orthopedic assessment. Orthopedic reports suggest that steroid injections had been of little benefit and suggested that the patient undergo lumbar discogram and post-discogram CT. On or about 12/03/03, the patient presented to ___ DC, for chiropractic management of pain. An EMG and nerve conduction study was performed and also found essentially negative for radiculopathy. After several weeks of chiropractic care, the patient was referred to ___, DO, for another orthopedic consultation. The patient is not found to be a surgical candidate and a second round of epidural injections is suggested. The patient is referred on 01/06/04 to ___, for pain management and additional epidural steroid injections and local anesthetic blocks.

REQUESTED SERVICE (S)

Determine medical necessity for additional lumbar epidural steroid injections and local anesthesia blockade under fluoroscopy.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Available documentation does not support required medical necessity for additional epidural steroid injections and anesthetic blocks at this time. MRI and electrodiagnostic studies are found initially negative. It would appear that lumbar discogram or myelography with post procedure CT would be indicated prior to these additional procedures being performed. Bigos, S. et.al., AHCPR Guidelines for Low Back Pain in Adults, Publication No. 95-0643. "Epidural injections and other injectable anesthetics are not recommended unless physiological evidence of specific tissue insult or neurologic dysfunction is identified."

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 23rd day of March 2004.