

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 1, 2004

RE: MDR Tracking #: M2-04-1003-01
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 an 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 was injured on ___. He states a panel fell striking the patient on the head and then also hitting him in the back and foot area. The first note that I have is from June 17, 2003 at which time the patient complained of back, gluteal pain, posterior thigh and occasional pain down the right leg to the foot and also numbness in the great toe. The patient did have an MRI on 6/22/03 which showed degenerative disc disease from L3-4 through L4-5 down to L5-S1. There was an anterolisthesis of L5 on S1 with bilateral L5 pars defects. Also noted was facet joint arthrosis at the L4-5 and L5-S1 level. The patient was treated very conservatively with medications. He had physical therapy and did have an epidural steroid injection done in November of 2003. The patient had an independent medical examination on December 2, 2003 and it was felt that degenerative changes were not likely due to the injury. He suffered from a lumbar strain/sprain type problem and that he might need anti-inflammatories for up to one year from the date of injury. The patient was seen on January 5, 2004 and was reported working regular duty with a normal neurological examination. The patient had an independent examination by ___ who stated the patient was not at maximum medical improvement and that epidural steroid injections have provided almost 100% complete relief. The last two notes from ___ from January 28, 2004 and February 18, 2004 states that the patient does complain of low back pain. He does have increased pain with extensions of 20°. Neurological examination is not documented. The patient did not complain of any radicular symptoms.

Requested Service(s)

Facet joint injections bilaterally at L4-5 and L5-S1 with fluoroscopy

Decision

I agree with the insurance carrier that facet joint injections are not reasonably or medically necessary.

Rationale/Basis for Decision

The claimant suffered an injury after being struck in the head by a falling panel. This usually would not cause an injury to the facet joints of the lumbar spine. Most important, the patient had epidural steroid injections that provided almost 100% pain relief. These findings would point away from the facet joints as a pain generator and thereby make the injections of these joints 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.