

May 4, 2004

## NOTICE OF INDEPENDENT REVIEW DECISION

### MDR Tracking #: M2-04-1106-01

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurosurgery. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 60 year-old male who sustained a work related injury on \_\_\_. The patient reported that while at work he was pushed into a forklift by another forklift, injuring his low back, tail bone, and sacrum. A lumbar spine x-ray on 10/23/03 showed moderated to severe degenerative disc disease from the L2-3 through L5-S1 level, and no fractures or pars defects. An MRI of the pelvis floor dated 10/23/03 showed no fractures or avascular necrosis of hips or pelvis. A MRI of the lumbar spine dated 10/23/03 showed mild central and foraminal spinal stenosis noted at the L2-3 and L3-4 levels related to moderate diffuse disc bulges and facet disease, moderate diffuse disc bulge and severe facet disease at the L4-5 level with foraminal stenosis, left paracentral disc protrusion at the L5-S1 level with mass effect on the left lateral recess (S1 nerve), and status post laminectomies at the L4 and L5 levels. The diagnoses for this patient have included spinal stenosis of lumbar region, lumbago, thoracic/lumbosacral neuritis/radiculitis, backache, anxiety, lumbosacral root lesions, and abdominal pain. Treatment for this patient's condition has included physical therapy, pelvic pain feedback, pain management, nerve blocks, and medications. The patient has undergone a trial of retrograde pelvic spinal cord stimulator placement. The patient has also undergone a lumbar laminectomy. The patient is being referred for a repeat trial retrograde pelvis spinal cord stimulator for further treatment of his back pain.

### Requested Services

Trial Dual Retrograde Pelvis Spinal Cord Stimulator Leads Placement, under Fluroscopy and under MAC Anesthesia

### Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 60 year-old male who sustained a work related injury to his low back, tailbone, and sacrum on \_\_\_. The \_\_\_ physician reviewer also noted that the diagnoses for this patient have included spinal stenosis of lumbar region, lumbago, thoracic/lumbosacral neuritis/radiculitis, backache, anxiety, lumbosacral root lesions, and abdominal pain. The \_\_\_ physician reviewer further noted that treatment for this patient's condition has included physical therapy, pelvic pain feedback, pain management, nerve blocks, medications, a trial of retrograde pelvic spinal cord stimulator placement, and a lumbar laminectomy. The \_\_\_ physician reviewer indicated that the patient has been referred for a repeat trial of retrograde pelvis spinal cord stimulator for further treatment of his back pain. The \_\_\_ physician reviewer explained that the patient had a previous trial of the retrograde pelvis spinal cord stimulator and was deemed to not be a candidate for further treatment with a retrograde pelvis spinal cord stimulator. The \_\_\_ physician reviewer also explained that the patient had previously tried and failed treatment with a retrograde pelvis spinal cord stimulator. The \_\_\_ physician reviewer further explained that there is not sufficient evidence indicating clinical efficacy with this device. Therefore, the \_\_\_ physician consultant concluded that the requested trial Dual Retrograde Pelvis Spinal Cord Stimulator Leads Placement, under Fluroscopy and under MAC Anesthesia is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

**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)** days of your receipt of this decision. (20 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)** 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. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
P.O. Box 17787  
Austin, TX 78744  
Fax: 512-804-4011

**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. (Commission Rule 133.308(t)(2))

Sincerely,

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 4<sup>th</sup> day of May 2004.