

NOTICE OF INDEPENDENT REVIEW DECISION

May 04, 2004

MDR Tracking #: M2-04-1149-01
IRO Certificate #: IRO4326

The ___ 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 a ___ physician reviewer who is board certified in Anesthesiology, by ___, licensed in ___, and who provides health care to injured workers. This is the same specialty as the treating physician. 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

This patient sustained a work-related injury on ___ when he fell after stepping out of a truck and struck the back of the truck. The patient began to experience severe low back pain radiating to his leg. The patient's treatment included physical therapy, anti-inflammatory medications and chiropractic care. The patient continues to complain of lower back pain and the treating physician has recommended that the patient undergo left lumbar facet blocks at L2-S1.

Requested Service(s)

Left Lumbar Facet Block, L2-S1

Decision

It is determined that the left lumbar facet block, L2-S1 is medically necessary.

Rationale/Basis for Decision

This male sustained a twisting, torquing injury to the left side lumbar spine. Twisting injuries, like this patient's injuries, reportedly can cause significant facet injuries that may not be visualized on MRI or x-rays. There can be a disruption of the capsule or microfractures of the articular processes that may only be seen on sectioning of the facet on post mortems. The patient's system complex appears to corroborate this type of injury as well as his non-response to the epidural steroid injections (ESIs). The steroids may not enter into the facet joints. Therefore, the left lumbar face block, S2-S1 is medically necessary.

This decision by the IRO 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) 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 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

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 4 th day of May 2004.
