

May 7, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

MDR Tracking #: M2-04-1154-01

___ 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 anesthesiology and is familiar with the condition and treatment options at issue in this appeal. 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 female who sustained a work related injury on ___. The patient has been reported to have undergone an ACDF on 12/21/99 and had developed a pseudoarthrosis and had a re-do fusion on 8/15/00. An EMG study dated 8/12/02 indicated electrodiagnostic evidence of a mild left ulnar neuropathy at or near the elbow. Cervical spine x-rays dated 8/12/02 indicated a solid fusion/graft at C5-6 but showed loosening of the graft at C6-7, a diffuse 2mm disc protrusion at C6-7, and anterior spondylosis at C4-5 and C7-T1. A follow up noted dated 10/3/02 indicated that the impression for this patient was bilateral cervical radiculopathy, left worse than right, left trapezial trigger points, chronic pain syndrome, probable C6-7 pseudoarthrosis, and status post C5-6 and C6-7 ACDF re-do with her own bone on 8/15/00 for psuedoarthrosis. The patient underwent a cervical myelogram on 10/2/03 that showed a C5-6-7 fixation with solid confluence at C5-6 with pseudoarthrosis and deterioration of the graft at C6-7, and anterior spondylosis at C7-T1 with a possible disc bulge. The patient underwent a chronic pain evaluation on 11/14/03 due to continued complaints of neck pain. A letter of medical necessity dated 2/18/04 indicated that this patient is status post cervical spine surgery on 12/21/99 with re-do performed on 8/15/00. It noted that the patient has continued complaints of neck pain and that cervical epidural steroid injections with an epidurogram were recommended for further treatment of this patient's condition.

Requested Services

Cervical epidural steroid injection times 1 under fluoroscopic guidance

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. EMG 8/12/02
2. X-ray reports 8/12/02, 6/5/03
3. Follow up notes 10/3/02 – 10/13/03
4. Chronic pain evaluation note 11/14/03
5. NCV 5/24/00

Documents Submitted by Respondent:

1. Peer reviews 2/13/04, 2/27/074

Decision

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

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 41 year-old female who sustained a work related injury to her neck and back on ____. The ___ physician reviewer indicated that the patient had undergone a C5-6, C6-7 ACDF with bone bank bone on 12/21/99 followed by a re-do fusion on 8/5/00 due to the development of a pseudoarthrosis. The ___ physician reviewer noted that the patient had continued complaints of neck pain and has been diagnosed with bilateral cervical radiculopathy, left trapezial trigger points, chronic pain syndrome, probable C6-7 pseudoarthrosis, and status post C5-6 and C6-7 ACDF re-do. The MAIMUS physician reviewer also noted that the patient has been under the care of a neurosurgeon and has been treated with medications and trigger point injections. The ___ physician reviewer indicated that the patient has been recommended for a cervical epidural steroid injection under fluoroscope guidance for further treatment of her pain. The ___ physician reviewer explained that the patient has a work related chronic pain condition and has undergone multiple surgical procedures but continues with complaints of pain. The ___ physician reviewer indicated that the patient underwent a chronic pain evaluation in 11/03 and was diagnosed with a chronic pain disorder with both psychological factors and general medical condition. The ___ physician reviewer explained that given the degree of pain and the documented trials of conservative and interventional therapies, the recommended cervical epidural steroid injections are medically necessary. Therefore, the ___ physician consultant concluded that the requested cervical epidural steroid injection times 1 under fluoroscopic guidance is 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 7th day of May 2004.