May 24, 2004

MDR #: M2-04-1181-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Letters from patient 03/01, 02/14/2004, 11/12, 10/29, 10/18, 10/13/2003,
Physician correspondence & evaluations 07/03 - 11/03; clinic notes 07/14/03 & 01/12/04
MRI 07/08/03; myelogram 08/29/03; nerve conduction study 08/18/03.
From Respondent: preauthorization requests, decisions & rational, clinical from practitioners, MRI, EMG/NCV, myelogram w/ post myelogram CAT scan, peer review and medical exam, PT evaluations and treatments.

Clinical History:
The claimant sustained a work-related injury on ___. Review of the medical records available indicate that this claimant has had low back and left leg pain with possibly some weakness of the anterior tibialis muscle on the left noted on examination with correlated findings on imaging (MRI and CT myelogram) of spondylosis and disc bulging at the L3-L4 level, as well as at the L4-L5 level, and mildly at the L5-S1 level. More specific descriptions of these findings seem to point toward observation that the left L4 nerve root may be deformed due to the disc protrusion at L3-L4, as well as a protrusion at L4-L5 extending far laterally to the left, possibly displacing the left L5 nerve root, as well as idly deforming the left L4 nerve root.

At the L5-S1 level, there is some mention of a disc protrusion that could displace the right L5 nerve root. MRI of the lumbar spine does not contradict these findings with the interpretation being that of a left-sided disc herniation at L3-L4 narrowing the left foramen and contacting the left L3 nerve root sleeve. At the L4-L5 level on the MRI, moderate left foraminal narrowing is recorded with displacement of the left L4 nerve root sleeve/dorsal root ganglion. At the L5-S1 level, there is marked left foraminal narrowing and moderate right foraminal narrowing reported. EMG studies reportedly showed irritation of the S1 nerve root levels on both sides. Office notes indicate primarily low back and left leg symptoms reported by the claimant, and I am not aware that he has complained of any right lower extremity pain.

Disputed Services:
Caudal epidural steroid injections at L4-S1 with nerve root block

Decision:
The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment in dispute as stated above is medically necessary in this case.

Rationale:
There is a preponderance of evidence both by the claimant's symptomatology and the various testing including imaging to correlate with his complaints of left lower extremity pain emanating from the lower back. It appears that multiple levels are likely involved, including at least, the L4, L4, and L5 nerve root levels, and possibly the S1 nerve root level as well. Certainly, a trial with epidural administration of steroid would be reasonable to see if conservative and non-surgical treatment attempts result in significant pain relief. A course of epidural steroid injections or caudal epidural injections, as well as nerve root blocks would be reasonable. Because multiple levels have been implicated, the nerve root blocks could be administered at multiple levels as well.

The requested services are meant more for therapeutic benefit to the patient and not necessarily for a diagnostic clarification; therefore, the requested services are reasonable and medically necessary. For any hopes of long-term improvement with this approach, the claimant should have follow-up after the steroid injections to include physical therapy and appropriate exercises, etc.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 May 24, 2004.

Sincerely,