

MDR Tracking Number: M2-04-1195-01

June 11, 2004  
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

#### CLINICAL HISTORY

\_\_\_, a 38 year old male, sustained injuries to his lower back after pulling on some cable while working as a news photographer for \_\_\_\_. He initially sought care from a chiropractor, \_\_\_ who started a standard chiropractic régime of treatment for diagnosis of lumbar discopathy with myelopathy, and thoracic sprain/strain. MRI was ordered on 8/15/03 and demonstrated a moderate sized central disc herniation/protrusion at L4/5, left more prominent than right along with a small disc protrusion at the L5/S1 level. Second opinion was sought from an orthopedist, \_\_\_ on 9/2/03 and lumbar ESI was recommended; along with electrodiagnostics of the left lower extremity to rule out radiculopathy. Electrodiagnostics were completed on 10/8/03 and showed abnormal left L3, L4 and L5 dermatomes consistent with central disc bulge over the left-sided S1 nerve root. A second surgical opinion was obtained from \_\_\_ on 10/31/03, and the patient was determined not to be a surgical candidate. The patient then underwent some work conditioning. An ESI was performed on 2/27/04, which provided some temporary relief of lateralizing pain.

#### REQUESTED SERVICE (S)

Lumbar steroid injection #2

#### DECISION

Approved. Requested services are medically necessary and appropriate.

### RATIONALE/BASIS FOR DECISION

The patient continues with lateralizing left leg pain that has been unresponsive to conservative care measures. The structural tests confirm an anatomical basis correlating to the patient's symptomatic picture, as well as confirming that he is not a surgical candidate. The general consensus among attending providers is that an ESI is appropriate "next level interventional". Accepted clinical practice, as well as contemporary guidelines supports a series of up to three ESI's. Patient did obtain some relief from the first injection albeit temporarily. A second ESI is medically reasonable and necessary for this patient's diagnosis. The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

### References:

Official Disability Guidelines

Medical Disability Adviser

### 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 (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 15<sup>th</sup> day of June 2004.