

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-7612.M2

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 3, 2004

RE: MDR Tracking #: M2-04-1284-01

IRO Certificate #: 5242

___ 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 an Anesthesiologist/Pain Management reviewer (who is board certified in Anesthesiology and Pain Medicine) who has an ADL certification. 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

The patient is a 31-year-old woman with a history of an injury to her right shoulder and right upper extremity. There was no injury to her cervical spine. Her treatment has included chiropractic care. Her cervical spine MRI scans have revealed degenerative facet arthropathy and degenerative disc disease, without disc herniation. Her should MRI scan has revealed supraspinatus tendinopathy. Her medications include Zanaflex 4 mgs four times daily, Ultram four times daily, Hydrocodone 10/325 1-2 four times daily.

Requested Service(s)

Bilateral C2 – C6 facet joint injections

Decision

Recommend upholding the non-authorization for the requested services.

Rationale/Basis for Decision

The patient did not have an injury to the cervical spine, has pre-existing degenerative facet arthropathy and disc disease, and has a non-focal facet joint physical exam, which fails to justify such an extensive procedure. Further, the request exceeds the facet joint injection protocol

supported by the Center for Medicare and Medicaid Services and the International Spinal Injection Society, which calls for no more than two levels to be injected at any one setting.

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 a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
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 other party involved in this dispute.