

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

June 8, 2004

**Re: IRO Case # M2-04-1296**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. IME report 12/17/03
4. Designated doctor examination report 1/14/04
5. MRI of the lumbar spine report 4/15/04, 10/8/03
6. Bone scan whole body report 1/2/04
7. Radiology reports 9/4/03, 8/29/03
8. Records from treating M.D. 2/9/04 – 5/7/04
9. ESI report 2/26/04
10. M.D. records 10/03 – 12/03
11. Outpatient rehabilitation record 3/1/04

History

The patient is a 30-year-old male who was injured in a motor vehicle accident in \_\_\_\_. He developed low back pain, and this pain has been intermittently severe, but without leg pain.

The patient continued to work with this difficulty, but was recently taken off work by his physician because of his continued pain. Lumbar and thoracic spine x-rays show nothing that would suggest a reason for the patient's continued pain. An MRI evaluation has also shown no abnormality of surgical significance. There has been no reflex, sensory or motion deficit. Examinations have varied from showing normal range of motion without pain to limitations in range of motion with pain produced primarily at the T12-L1 levels of the spine.

Requested Service(s)

Facet B L1-2, L2-3, L4-5, L5-S1

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The L1-2, L2-3, L-4 and L5-S1 were thought the levels to be blocked because of pain on examination in these particular areas. The skipping of the L3-4 level, based on external examination without MRI or other imaging study evidence of pathology being present at the levels other than that would be an unusual approach. When no level is seen as a source of difficulty, and a more or less "shotgun" approach is used, injections at multiple levels are rarely of therapeutic benefit, except on a very transient basis.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to 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.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 10<sup>th</sup> day of June 2004.