

June 3, 2004

MDR #: M2-04-1302-01
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 Anesthesia and 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

Information provided by Requestor: letter of medical necessity, office notes and radiology report.

Information provided by Respondent: correspondence and designated doctor exam.

Information provided by Treating Doctor: office notes, FCE and radiology report.

Clinical History:

The patient is a 48-year-old female with a history of a work-related injury to the shoulder and lumbar back on ____. The shoulder disorder was subsequently treated with arthroscopic shoulder decompression and rotator cuff repair on 2/7/04. This apparently resulted in satisfactory relief.

The patient reported low back pain with radiating right leg pain on a visit of 4/24/03. The exam revealed lumbar tenderness with positive straight leg raising bilaterally. Complaints of lumbar pain continued on subsequent visits.

On 12/16/03 an orthopaedic surgeon noted that the lumbar pain was rated at 9/10, but that the patient wished to receive treatment of the shoulder dysfunction primarily. Exam by a pain management specialist on 3/12/04 reported lumbar back pain rated at a 5/10 with radiation into the right leg. Physical examination revealed lumbar tenderness midline and over the facet joints. Straight leg raising was positive on the right. Sensory deficit was reported in the L4-L5-S1 distribution.

Of note, the patient had lumbar back pain in 1998, possibly with the V-factor "cortisone" injections, but no records are available. The lumbar MRI dated 8/20/03 demonstrated L5-S1 central disc herniation and facet arthropathy.

Disputed Services:

Lumbar epidural steroid injection via caudal approach with epidurography

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the steroid injection as stated above is medically necessary in this case.

Rationale:

This patient clearly has symptoms of lumbar radicular pain. The physical findings corroborate this diagnosis with sensory deficit and positive sciatic stretch signs. The MRI finding does not preclude this diagnosis. Lumbar epidural steroid injection is an accepted treatment of lumbosacral radiculopathy. The caudal approach is acceptable for the L5-S1 interspace. The patient's previous lack of interest in treatment, noted 12/16/03, does not preclude a decision to treat now. The increased duration of the pain syndrome, however, does reduce the likelihood of success of this or any other treatment. Of note, the pain and MRI suggest that lumbar facet syndrome may be playing a large role in the patient's lumbar pain. The pain management specialist does note this diagnosis in his conclusions. His treatment plan is consistent with that as set forth by Abram in *Anesthesiology*, 1999; 91: 1937-1941.

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 June 3, 2004.

Sincerely,