

July 28, 2004

MDR #: M2-04-1348-01  
IRO Cert. #: 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  
Information provided by Treating Doctor: office notes and operative reports.  
Information provided by Respondent: correspondence.  
Information provided by Orthopedic Surgeon: office notes, operative and radiology reports & designated doctor exams.

### **Clinical History:**

This claimant sustained a work-related back injury \_\_\_\_. MRI report demonstrated L4-L5 desiccation and left posterolateral protrusion. At least one epidural steroid injection was performed with no indication of improvement. Eventually, this claimant underwent L4 through S1 360 lumbar interbody fusion. Apparent issues of back pain continued thereafter, and hardware blocks along with trial spinal cord stimulator have been suggested.

### **Disputed Services:**

Facet hardware injections and trial spinal cord stimulator

### **Decision:**

The reviewer partially agrees with the determination of the insurance carrier. Hardware block injections are medically necessary. Trial of spinal cord stimulator is not medically necessary in this case.

### **Rationale:**

Specifically, the hardware block request appears to be a reasonable diagnostic maneuver in the setting of failed back syndrome.

The coupling of a spinal cord stimulator trial with hardware blocks is unreasonable and may be counter-productive in determining the etiology of the continued back pain and a formulation of a reasonable treatment strategy.

As spine pain may emanate from pathology in the anterior, medial, or posterior elements the assessment of spine pain generators is most appropriately accomplished in a logical single step-wise fashion. Overlay in diagnostic approaches may indeed confuse the etiology of the pain and lead to inappropriate treatment recommendations.

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 July 28, 2004.

Sincerely,