June 15, 2004

MDR Tracking #: M2-04-1379-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Physical Medicine and Rehabilitation. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a 20-year-old woman who developed low back pain in ___. She failed conservative therapy and underwent lumbar laminectomy in 1993. She was followed for ongoing back pain for several years and she was able to cope. She had no workers comp claims for almost seven years but reports that she was seen by her primary care doctor for the pain. She had a myelogram that showed degenerative changes that showed degenerative changes at L4/5 and L5/S1 without significant protrusion and disc bulge at L3/4. EMG/nerve conduction studies were ordered but none done prior to injections. She had two lumbar epidural steroid injections, which did not give her sustained relief. Records indicate that she almost fell in June of 2002. She was scheduled for lumbar facet blocks as a means of getting her relief from her low back pain. The carrier would not authorize them, stating, "on most recent office visit on 02/13/04 indicated no documentation of pain in facet joints. The pain appears to be in the back with radiculopathy or intensified with extension and lateral flexion" as reason for non-authorization. She had a peer review in August 11, 2003 by ___ who opined that the current treatments were not medically necessary due to a fall at home.

REQUESTED SERVICE

Lumbar facet injections are requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

___ has pain that is consistent with lumbar disease and injury, status post surgery. She had identifiable changes on her CT myelogram. She has already received recent lumbar epidural injections. The reviewer finds that the proposed lumbar facet injections are the appropriate recommendation and meet treatment guidelines and care standards.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, Inc, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 15th day of June 2004.