NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-1448-01
IRO Certificate Number: 5259

July 19, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

Records provided indicate that the patient was injured on the job and has an on-the-job injury, was treated by ___ and then ___, a neurosurgeon. He has complaints of thoracic and lumbosacral neuritis. There has been a request for bilateral facet injections L3 through S1 with physician review or denial from ___ indicating no justification for facet blocks with solid fusion. ___ note of 06/15/04 indicates the patient is being followed up for low back pain, lumbar radiculopathy, originally injured on 02/12/02 status post L3-L4 decompression with

fusion with cages on 07/09/02. He is status post L5-S1 and L4-L5 fusion in the past. The patient has greatly improved since his hardware has been removed. He has been able to return to work as an electrician. He was taking OxyContin and is now off of it and takes Hydrocodone. Impression was residual low back pain status post L3-L4 decompression status post prior fusion from L5-S1 and L4-L5, right-sided lumbar trigger points, and lumbar radiculopathy.

There is a note from ___, dated 05/18/04 indicating a medical conference with ___. He discussed the medical on the patient and needs lumbar facet injections above his lumbar fusion.

There is diagnostic imaging including CT of the lumbosacral spine read by ___ showing L3-L4, L4-L5, and L5-S1 fixations with possible loosening of the carbon cages at L3-L4 and a laminectomy defect at L5-S1. This was reported on 02/06/03.

There is a note from ___ from 04/04/03 spine surgeon in ___ indicating evaluation. Physical examination and impression are chronic low back pain with continued leg radiculopathy status post multiple lumbosacral decompression and fusions most recent at L3-L4. The concern is whether surgery had been performed has accurately done. X-rays appear to show everything in place. This is a difficult case. Other treatment options were discussed including physical therapy.

EMG performed in 08/05/03 by ___ shows abnormal study with right chronic lower lumbar radiculopathy. No acute findings were noted.

Additional medical information was provided by ___ including lumbar myelogram and CT scan read by ___, as well as multiple pages of report from ___.

Multiple records from ___ are discussed including postlaminectomy syndrome, chronic low back pain, right SI joint disability, depression, and myofascial spasms. These are dating into September of 2003.

<u>REQUESTED SERVICE(S)</u>
Services requested are lumbar facet injections at L3-L4, L4-L5, and L5-S1.

DECISION

Denied. Lumbar facet injections at diffuse levels are medically inappropriate and unreasonable.

RATIONALE/BASIS FOR DECISION

Effused lumbar spinal segment would not be anticipated to have any motion and a facet joint and therefore facet injections are inappropriate. The issue, though, is more one of semantics apparently in reading ___'s notes. He was requesting facet injections above the L3-L4 level, which would be the L1-L2 and L2-L3 level facet injections, not L3-L4, L4-L5, and L5-S1 as denoted in the official request. Therefore, if the denial is appropriate, then request is also appropriate, but not properly stated. If the request were properly stated, they want to do a facet injection at L1-L2 and L2-L3 above the fusion as noted in ___'s note. These would be active motion segments and would be appropriate treatment but the levels requested are not appropriate and there is no clinical information provided to indicate why one is asking for that; only the conflicting information of the requested documents and the actual statements by ___.

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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 23rd day of July, 2004.