

## NOTICE OF INDEPENDENT REVIEW DECISION

July 27, 2004

MDR Tracking #: M2-04-1463-01  
IRO Certificate #:IRO4326

The \_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in Anesthesiology, by the \_\_\_, Inc., licensed by the \_\_\_ in \_\_\_, and who provides health care to injured workers. This is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating 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 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 this case.

### Clinical History

This is a 42 year-old man who injured his low back on \_\_\_, resulting in chronic low back and lower extremity pain. Treatment has included psoas compartment plexus block and trigger injection. The patient experienced good relief from the injection of local anesthesia.

### Requested Service(s)

One visit for 8 botox chemo-denervation injections with EMG guidance

### Decision

It is determined that the one visit for 8 botox chemo-denervation injections with EMG guidance is not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The physician's history and physical does not indicate the patient's response to a trial of psoas compartment blocks, nor are the sites of the botox injections identified. Therefore, the one visit for 8 Botox chemo-denervation injections with EMG guidance is not medically necessary to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC decision and order.

## 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 (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 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

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 27 <sup>th</sup> day of July 2004.
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