

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-0118.M2

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 4, 2004

MDR Tracking #: M2-04-1468-01

IRO Certificate #: 5242

___ 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 Physical Medicine/Rehabilitation reviewer (who is board certified in Physical Medicine/Rehabilitation) who has an ADL certification. 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.

Submitted by Requester:

- Clinical injury report, initial examination, and followup for period 09/24/03 until ___
- MRI of lumbar spine without contrast report dated 09/22/03

Submitted by Respondent:

- Request for IRO
- Case summary prepared by ___ including Exhibit 1 Pre-authorization Denial Rationale, Exhibit 2 copy of documentation provided by requester seeking pre-authorization

Clinical History

The patient was described as a 45-year-old lady with back and right leg pain. Injury had occurred while lifting boxes at work. She originally had aching in the back, which increased. She had been released to return to light-duty work. The pain radiation was primarily to the knee only and not below the knee. She had had physical therapy and was doing home exercise. Pain was aggravated by increased activity levels. She had continued to experience back and partial leg pain. MRI report without contrast done 09/22/03 indicated minimal concentric disk bulge at L4-5 without spinal stenosis or foraminal stenosis.

Treatment recommendation from ___ indicated attempts at injection relief of pain resulting in lumbar epidural steroid injection (ESI), which gave approximately 25% improvement for an unspecified period of time, as well as an ESI in November 2003 with apparently a 40% improvement for an unspecified period of time. The patient also had a sacroiliac injection with limited improvement. Facet injection indicated a 40% improvement for an unspecified period of time. (A 40% response is considered to be negative.)

Requested Service(s)

Please address prospective medical necessity of the proposed lumbar medial branch block injections to rule out facet-mediated low back pain; and if negative, patient will need lumbar three-level discogram to evaluate for discogenic pain, regarding the above-mentioned injured worker.

Decision

I agree with the insurance carrier that the requested medial branch block injection and selective nerve root block as well as pending discogram were not medically reasonable and necessary.

Rationale/Basis for Decision

I have reviewed the pre-authorization physician recommendations, which had indicated for the request that had been made for a medial branch block and caudal ESI recommended as not medically reasonable and necessary due to lack of prior positive response as well as doing both injections at the same time would not serve a clinical purpose in distinguishing which was a potential pain generator. Additionally, the medial branch block indicating lack of prior significant positive response to the facet injections would be unlikely to produce any more benefit than the negative facet block.

My recommendation and opinion is based on one or more of the following guidelines:

- American College of Occupational and Environmental Medicine
- Medical Disability Advisor
- Cochrane Collaboration
- North American Spine Society
- National Pain Education Council

In review of the material submitted, there appears to be a lack of a treatment plan that involves the appropriate documentation of patient response to the injections the patient had already received as well as documentation of benefit and need for a continuing and coordinated treatment approach with the pain management injections. The lack of such a coordinated and documented treatment experience led to the decision on the part of the insurance carrier not to pre-authorize additional apparently isolated injections. The lack of information from the prior injections as to actual response, duration of response, diagnostic significance, and change in patient status makes the continuation of injection diagnostic and therapeutic treatment fragmented.

In light of the diagnostic studies that have been done suggesting no evidence of radiculopathy and no significant indication clinically of radiculopathy and MRI studies indicating no

significant structural defect in the lumbar spine, the lack of coordinated pain management injections and failure to demonstrate the necessity of ongoing injections was a correct decision.

There was no medical necessity that was supported by the prior injections that had been given that any future injections would offer a significant change in the patient's pain or functional ability.

Based on the information reviewed, it is my opinion that the carrier made the proper decision to deny the requested injections for the medial branch block, caudal epidural injection, and potentially the lumbar discogram. This patient is not considered to be a surgical candidate, and the need for experimental IDET or nucleoplasty is not supported based on current documentation or clinical findings.

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 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.