

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-1513-01
IRO Certificate Number: 5259

July 20, 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

___ indicates in his records that this is a 46-year old male who has been seen in the past and developed to have lumbar facet dysfunction and pain that radiates laterally back into his thighs and legs. He was felt to be a good candidate for diagnostic facet and steroid injections. Another report from the same physician indicates that he described pain as aching that has become sharp in nature with certain movements, especially bending, twisting, lifting, and carrying. He has pain that goes into his buttock and pain that goes down his lateral

thighs into his knees and calves. Physical examination on that date is documented stating he follows basic commands and there is evaluation of the color of his tongue. There is no lumbar examination documented by ____.

There is a record from ____, chiropractic from 02/06/04. He notes the individual was injured on ____ while lifting and carrying heavy bottles of water at work. He indicates the referral to ____, neurosurgeon and ____, pain specialist recommended facet injections at this designated doctor evaluation. He documents a straight leg raise being positive at 35 degrees, which would be consistent with radiculopathy facet disease. There is evidence of a positive EMG indicating nerve injury. There is a report prepared by ____ on 12/13/03 indicating S1 radicular findings in the right and left. In the letter of medical necessity, ____ indicates his diagnosis is lumbar facet joint dysfunction but does not indicate that in his physical examination. He indicates epidural steroid injections have been ineffective and that he needs to proceed with these injections.

There was an examination performed on 08/22/03 by ____ that documents complaints of pain, straight leg raise problems, some strength issues but no evidence of flexion or extension or side bending range of motion studies to indicate facet problem. There is a documented physical examination by ____, neurosurgeon. He documents range of motion of lumbar spine mildly limited in all directions. Straight leg raise producing some low back pain to shorter 90 degrees. Motor testing was intact. Sensation was intact to pinprick. Deep tendon reflexes were symmetric and hypoactive.

REQUESTED SERVICE(S)

Lumbar facet injections.

DECISION

Denied. Concur with the carrier that there is insufficient evidence to support the medical necessity for treatment requested.

RATIONALE/BASIS FOR DECISION

There is no clinical evidence provided in the records review that would indicate evidence of facet dysfunction or a medical need for facet injections. Using the International Spine Injection Society's literature and evidence-based medicine approach, typically in order to have indications for facet injections normally either needs physical

examination findings consistent with facet disease and/or evidence of facet pathology. Diagnostic studies performed included physical exams, MRIs, and EMGs showed evidence of no impingement with no evidence of facet pathology. The physical examinations documented do not reveal any evidence of facet pathology, in particular no complaints of pain, worse in extension than flexion. No complaints of pain, worse in lateral flexion than forward flexion. Without symptoms consistent with facet syndrome and without findings of facet degenerative arthritis, the request for facet blocks at multiple levels in the patient that has already failed epidural steroid injections and has a history of lifting injury with no evidence of trauma to the facet joints is not medically reasonable and necessary based on current standards by published experts in the field of spinal pain management using as a basis the essential principals of International Spine Injections Society.

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 22nd day of July, 2004.