

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-1573-01
IRO Certificate Number: 5259

July 28, 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

This is a lady who on or about ___ reportedly sustained a thoracic spine injury. she selected as the primary treating physician ___ after no improvement with chiropractic care, a referral was made to ___ who diagnosed a thoracic strain. An MRI of the Thoracic spine noted a T12 lesion and more specifically no lumbar disc pathology. In January 2004 a thoracic epidural steroid injection (ESI) was undertaken. As noted by ___ this had no efficacy whatsoever. There were ongoing complaints of pain. A Designated Doctor evaluation was completed

declaring that maximum medical improvement had been reached and that the impairment rating was 5% whole person. ____, took exception to this and feels that additionally care; to include the requested lumbar ESI is warranted. Repeat MRI and EMG assessment note no lumbar disc pathology.

REQUESTED SERVICE(S)

Proposed lumbar epidural steroid injection.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

First, the requestor cannot perform or bill for such an incisive procedure; this is not within his statutory scope of practice. Second, there is no lumbar disc pathology noted on either of two MRI's. Third, there is no verifiable radiculopathy on EMG. Thus, there is no competent, objective and independently confirmable medical evidence presented of any lumbar spine lesion that would warrant a LESI. Such a procedure is not medically indicated, or reasonable and necessary care.

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 30th day of July, 2004.