

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

**SOAH DOCKET NO. 453-05-0057.M2**

July 29, 2004

MDR Tracking #: M2-04-1599-01

IRO #: 5284

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedic Surgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient was injured on \_\_\_. Review of the chart shows three office visits and x-rays with \_\_\_. On each of these dictated reports, it states that the patient had an L4-L5 and L5-S1 PLIF in 1994 with pseudo arthrosis. He has had bilateral L4-L5 and L5-S1 injections that occurred in 2002 that apparently gave minimal relief. Further work relation is that on 3-14-2002 he was lifting a piece of plywood when the wind caught the plywood and twisted him resulting in pain in his shoulders, right buttock, leg and thigh. He has been treated conservatively. The review shows from the records from the carrier that he had minimal relief from these injections; however, according to \_\_\_, he states that they gave him good results. He has also had epidural steroid injections with the last one occurring on 3-20-2003, which also gave him some relief. He also had other medical problems that resulted in an aorto-femoral bypass. The examinations showed discomfort to be primarily related to the low back with no sciatic nerve involvement. The facet signs showed to be moderately positive.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of bilateral facet injections.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

In following the flow sheet from Pain Physicians, volume 4 #1 of 2001, since this patient had good relief approximately two years ago from the series of injections it is obvious the treatment at this time is conservative as opposed to repeated surgery.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy. \_\_\_ believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of \_\_\_, Inc, dba \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

**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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) 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 (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

Sincerely,

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 30<sup>th</sup> day of July 2004.**