

August 4, 2004

MDR #: M2-04-1605-01

IRO Cert.#: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Anesthesia and Pain Management and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: letter of medical necessity, office notes, operative and radiology reports.

Information provided by Respondent: correspondence and designated doctor exam.

Information provided by Treating Doctor: letter of medical necessity and office notes.

Clinical History:

The patient is a 39-year-old female with apparent injury to the cervical and lumbar region dated _____. The patient developed chronic pain and underwent a cervical fusion at C4-C5 and C5-C6 on 04/26/01.

Subsequently, she had a lumbar L4-L5 and L5-S1 decompression and fusion on 11/28/01. It was determined that the patient had a cervical pseudoarthrosis, and a fusion at C4-C5 and C5-C6 was performed on 07/30/03. Follow-up CT demonstrates C4-C5 disc bulge and a C6-C7 disc protrusion.

The patient reports neck and upper back pain with numbness and tingling in the left arm. She has been aggressively treated with conservative measures. A systemic trial of steroids produced some relief but also unacceptable side effects.

Disputed Services:

Cervical epidural steroid injection at C3-4

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a cervical epidural steroid injection at C3-4 is not medically necessary in this case.

Rationale:

The American Society of Interventional Pain Physicians (Pain Physician 2003, V. 6, p 3-81) note that epidural steroid injections have strong evidence for short and long term effectiveness. This is in the setting of radicular pain. The evidence provided for review contains insufficient clinical support for the diagnosis of radicular pain. The physician's exam dated 4/13/04 indicates a normal neurological exam of the upper extremities with diffuse tenderness in the cervical region elicited. The neurosurgeon well documents lumbar radicular findings and states that "the left arm gets numb", but no other evidence is presented for the diagnosis of cervical radiculopathy. Perhaps such evidence exists, but has not been presented. The ASIPP Guidelines indicate epidural steroid efficacy is inconclusive for somatic pain.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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

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 August 4, 2004.

Sincerely,