

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

SOAH DOCKET NO. 453-04-8914.M2

August 10, 2004

MDR #: M2-04-1618-01

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: office notes, FCE and radiology report.

Information provided by Respondent: correspondence and designated doctor exam.

Information provided by Treating Doctor: office notes and operative reports.

Clinical History:

The patient is a 31-year-old male with an apparent low back injury dated ___.

The resultant low back pain and chronic pain syndrome has been treated with manipulation, physical therapy, epidural steroid injections, and maintenance

analgesia with OxyContin 40 mg BID supplemented with hydrocodone 10 mg

BID. An MRI demonstrates central disc herniation at L5-S1 and central disc

bulging at L4-L5. There are degenerative changes as well at L4-L5 and L5-S1.

Treatment with fusion with IDET are not felt to be an option. The patient reports

pain with lumbar flexion, extension, and rotation. The patient is not responding to

the modalities noted.

Disputed Services:

Intrathecal narcotic injection

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that intrathecal narcotic injections are medically necessary in this case.

Rationale:

The patient clearly has a low back chronic pain syndrome. He has been apparently treated appropriately with conservative modalities without response. Surgery and stimulation have been rejected as possible treatments. His management with chronic opioids appears to be appropriate and optimal, and there is apparently no evidence of abuse. Facet blocks have been rejected despite rotational symptoms being present; therefore, intrathecal opioids appear to be appropriate as the option of last resort. The American Society of Interventional Pain Physicians (ASIPP) clearly indicates this treatment to be of moderate efficacy in this setting and to be evidence-based. The reader is referred to the work of Krames with regard to intrathecal narcotics in the setting of non-malignant pain.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision ____ 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 10, 2004.