

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-02-04-0333-01  
IRO Certificate No.: 5259

November 26, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, 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 \_\_\_.

### CLINICAL HISTORY

Available information suggests that this patient reports injury to her neck when she was pushing and pulling objects at work on \_\_\_\_. Complaints appear to consist of cervicogenic headaches, stiffness and muscle spasms over the neck area. The patient presents initially to the hospital on \_\_\_\_\_ where she appears to be diagnosed with headaches and cervical strain. X-rays are found essentially normal. The patient presents subsequently to her chiropractor \_\_\_\_. MRI obtained 3/19/03 suggests multilevel disc bulges and protrusions with broad based central HNP noted at C5/6 level. Some mild uncinatate and facet joint hypertrophy is also noted. The patient is referred for pain management consultation with \_\_\_\_, and a series of epidural steroid injections is recommended. Chiropractor appears to provide concurrent active and passive therapy. Electrodiagnostic studies suggest mild C5 nerve root irritation as of 4/29/03. Percutaneous ESI's are performed 5/21/03, 7/2/03 and 8/6/03 with 30% diminished pain subjectively noted upon completion. Cervical myelogram and post myelogram CT performed 7/22/03 suggesting multilevel mild disc protrusion and HNP with borderline to mild left paracentral stenosis noted at the C5/6 neural foramen. Additional x-rays performed 7/22/03 suggest some additional

degenerative cervical facet arthropathies and very small osteophytosis present throughout the levels.

The patient is seen by \_\_\_ for surgical consultation on 9/23/03 with a recommendation of provocative discography for further evaluation. Request for bilateral facet injections are made by \_\_\_ for persisting neck pain and headaches on 9/26/03. There is an RME report submitted by \_\_\_, from 7/30/03 suggesting that this patient experienced a non-work related re-injury or exacerbation of her conditions while under the care of \_\_\_ on or about \_\_\_\_\_. There is little chiropractic documentation submitted to collaborate these events.

#### REQUESTED SERVICE (S)

Determine medical necessity for bilateral cervical facet injections, upper and lower x2 for the above referenced injured worker.

#### DECISION

Deny.

#### RATIONALE/BASIS FOR DECISION

There is objective evidence suggesting mild degenerative facet arthropathy in addition to some degenerative discogenic disorders. However, clinical correlation of facet-mediated pain from chiropractic reporting is not submitted for review. In addition, further clinical evaluation and causal determination of non-work related injury ( \_\_\_\_\_ ) would appear to be indicated prior to proceeding with additional intervention. Given the relative lack of supporting chiropractic documentation, medical necessity is not supported.

(AHCPR methodologic process, Cochrane Collaboration, ISSLS and NASS criteria for cervical spine interventions.)

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review.

This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute a per se recommendation for specific claims or administrative functions to be made or enforced.

## 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 5<sup>th</sup> day of December 2003.