September 16, 2004

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ___
TWCC #: ___
MDR Tracking #: M2-04-1849-01
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty 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 Osteopathic physician who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO 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 sixty seven year old male has been seen by numerous doctors including McLann, Heilman, Hobb, McHenry, Blair, Mendez, Kant, 1 1/2 inches records are reviewed. The original injury was __ when he was a pilot for when he reached around the seat to pick up his bag he had a pop in the low back with left leg pain. Since that time he has had a laminectomy in 1993, MRI 2/5/98, epiduralgram, transforaminal injection 1/16/03, x-ray of back on 2/10/93, MRI 1993, EMG 1993. X-ray 7/7/93 showed facet hypertrophy at L4/5.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of the repeat L4/5 and L5/S1 facet block with fluoroscopy.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

Through all the conservative care measures the MRI showed a disc herniation at L2/3 L3/4, L4/5. The injections gave him some improvement. His basic complaint today is back pain with extension and in the AM after getting up. The diagnosis is facet hypertrophy at L4/5 and L5/S1. The reviewer recommends repeat facet injection block under fluoroscopy at L4/5 and L5/S1 as medically necessary. The reason is from Pain Physicians Algorithm 01, having surgery then the transforaminal injection then he had some relief but the facet injection diagnostically is important to determine if more facet injections should be carried out.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO 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 Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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,

Wendy Perelli, CEO

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 _____16th day of September, 2004

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli