



Specialty Independent Review Organization, Inc.

November 19, 2004

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

Patient: ____
TWCC #: ____
MDR Tracking #: M2-05-0292-01
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 Doctor of Osteopathy 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

A 55 year old female slipped and fell on a wet floor, injuring her low back on 7-__-01. Since that time she has been debilitated with pain. Dr. Eaton did facet injections on 5-23-03, 6-7-02, 6-12-04, 4-26-02, S-I injections 2-21-03, Median Branch nerve ablation 12-6-02, 11-8-02, 10-23-02. Texas Imaging MRI 9-17-01 results: Mild Compression fracture L-2 Texas Imaging MRI 4-9-03 results: Old Compression fracture L-2, narrowing facets L4-5,-5-S1, Mechanical Back symptoms suggested with exaggerated lumbosacral angle. This patient has had the multiple injections from Dr. Eaton as noted above with minimal improvement. Dr. Henderson 8-3-04 physical findings revealed: In the seated position, deep tendon reflexes are intact at the knees and ankles. Straight leg raising is negative. Lasegue is negative. Motor strength is 5/5. No peripheral edema. Intact pedal pulses. Feet symmetrically warm. Also, from Dr. Henderson's note, the patient states some of the facet blocks helped her for more than two months at a time, but she felt worse after the radiofrequency rhizolysis.

From Corvel's note of 9-29-04, the levels of concern are away from a compression fracture at L2. The claimant had facet blocks, rhizotomy and S1 joint injection. Diagnostic testing suggests the discs are well preserved with degenerative facet disease and horizontal sacrum that would place the claimant at risk for mechanical back pain. The claimant has been through a chronic pain program and appears to have fallen into the wounded workers syndrome. In the initial review reported were previous facet blocks and rhizotomies not effective and repeat procedures were not indicated. Dr. Henderson 8-3-04 states he would like to repeat facet joint blocks in an effort to specifically identify which pain generators are remaining that may be amendable to open rhizolysis with fusion from a posterior approach. So, facet joint blocks will be multilevel and bilateral. We will only block the joints that are tender on the outside by palpation of the capsule with the needle.

REQUESTED SERVICE

The requested services are proposed facet joint blocks (multilevel and bilateral).

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states the proposed facet blocks multilevel and bilateral are approved for diagnostic evaluation only to determine the proposed spinal fusion. References used: Pain Physicians Volume 4 2001. Waddell, G A New Clinical Model for the Treatment of Low Back Pain, Spine 1987. Zimmer Spine 2004. Medtronic 2004. Campbell's Operative Orthopedics 10th Edition.

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 17787, Austin, TX 78744. The fax number is 512-804-4011. 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(u)(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 ___19th day of __November__, 2004

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli