

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0155-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Dr. S, MD
(Treating or Requesting)	

October 22, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, 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

Medical Review of Texas (MRT) 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 MRT.

Sincerely,

Medical Director

CLINICAL HISTORY

Records reflect that the patient was employed with \_\_\_\_; reported injury on \_\_\_\_ with prior injury dating back to 1997 in the lumbar region. He was receiving Botox chemodenervation in 1998 for lumbar and gluteal chronic pain. These procedures were provided by Dr. C, MD (and he apparently received extensive treatment all the way through the date the new injury allegedly occurred) including operative reports of 5/9/01 indicating minor injections at six sites with intravenous sedation by Dr. C.

There is a Texas Pain Institute record from Dr. S indicating that on 05/16/03, he saw the patient for initial consultation evaluation. The patient had chief complaint of pain in the lower back and lower extremities. He has low back pain with pseudo radiculopathy, history of bulging disk, possible facet arthropathy, and myofascial pain syndrome secondary to quadratus lumborum and gluteus maximus and gluteus medius muscles. He felt this was primarily a myofascial problem, indicates that this individual sustained a recent job injury. He was lifting beer crates weighing approximately 60 pounds lifting with both arms turning around lifting to the back of the truck and felt immediate pain in his lower back. Recommendations were for mild neural injections x 6 with IV sedation on 05/21/03; exactly as previously provided for in the previous injury.

MRI of the lumbar spine without contrast was performed on 05/22/03 at Advanced Medical Imaging and read by Dr. R, MD showing mild edema in the superior endplates at L5-S1, multi-level lumbar spondylosis without evidence of high-grade spinal canal stenosis or high-grade neuroforaminal narrowing. No evidence of acute injury is noted. No acute disk herniation or neural compression is reported.

There is a normal electrodiagnostic study with no evidence of lumbar radiculopathy or neuropathy by Dr. P performed on 11/22/03.

REQUESTED SERVICE(S)

Mild neural injections x 6

## DECISION

Deny. Concur with the carrier's determination that there is not clear evidence that these are requested procedures or medically indicated for the specific injury and date of injury in question.

## RATIONALE/BASIS FOR DECISION

Based on review of the records provided, there is no medical literature to support mild neural injections x 6 with IV sedation for this individual. While trigger point injections can be performed in multiple sites generally limited to three to four at a time, more importantly, sedation tends to eliminate the effectiveness of the injections, as the patient cannot provide appropriate feedback.

Additionally, there is no specific clinical information for this particular patient that this date of injury in question of 04/11/03 was the causative factor requiring these procedures. In particular, these procedures have been provided by the same physician in a fairly regular interval basis prior to this occurrence. There does not appear to be any change in status. There is no documented new neurologic injury, muscular injury, or disk injury. Based on standard clinical literature, multiple mild neural injections are not felt to be appropriate with sedation nor is there a specific clinical indication in this patient relating them to the specific injury that occurred on \_\_\_\_\_. For these reasons these procedures are not felt to be medically appropriate based on clinical information provided at this time.

## 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 25<sup>th</sup> day of October, 2004.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: