

March 1, 2005

Re: **MDR #:** M2-05-0661-01 **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission

Attention: Rosalinda Lopez
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:

Ryan N. Potter, M.D.
Attention: May
(361) 882-5414

RESPONDENT:

Parker & Associates for TAC WC
Attention: William Weldon
(512) 320-9967

TREATING DOCTOR:

M. Alexander, M.D.
(361) 561-1398

Dear ___:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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 Anesthesiology with additional training in pain management, and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. 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 March 1, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0661-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

- Office note 11/24/04
- Radiology reports ____ – 10/29/04

Information provided by Respondent:

- Correspondence

Information provided by Neurosurgeon:

- Office note 10/19/04

Information provided by Family Practitioner:

- Office notes 08/27/04 – 10/29/04
- Physical therapy notes 08/30/04 – 10/18/04

Clinical History:

The patient is a 45-year-old male with an apparent work-related injury to the neck dated _____. The patient complained of neck pain and paresthesias, apparently, bilaterally. Physical examination revealed slightly decreased pinprick and light touch bilaterally in the C5 distribution. An MRI dated 9/13/04 revealed minimal disc bulge at C4/C5 and C5/C6 levels. The radiology report notes that there is minimal attenuation of the subarachnoid space; the neural foramina are patent; epidural steroid injection was recommended.

Disputed Services:

Outpatient cervical ESI X1 with fluoroscopy and sedation.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that outpatient cervical ESI X1 with fluoroscopy and sedation is not medically necessary in this case.

Rationale:

Review of the available records does not confirm the diagnosis of herniated cervical disc or cervical radiculopathy. The patient's symptoms and findings are bilateral. The MRI suggests no evidence for nerve root impingement or compromise. The patient's pain is, therefore, axial and possibly discogenic.

The American Society of Interventional Pain Physicians (ASIPP) guidelines for treatment suggest moderate efficacy of epidural steroid treatments for cervical radiculopathy. There is no evidence in the literature in these guidelines for the efficacy in the face of axial or discogenic pain.