

March 22, 2005

Re: **MDR #:** M2-05-0871-01 **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

RESPONDENT:

Texas Mutual Ins. Co.
Attention: Ron Nesbitt
(512) 404-3980

TREATING DOCTOR:

R. Urrea, M.D.
(915) 881-8082

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 and trained 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 22, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0871-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent:

- Correspondence

Information provided by Treating Doctor:

- Office visits 11/01/04 – 01/12/05
- Radiology reports 01/21/03 – 10/22/04

Clinical History:

The patient is a 49-year-old female with an apparent work-related back injury dated _____. The patient has a history of a previous L4/L5 disc herniation and discectomy. An MRI dated 10/22/04 showed post-surgical changes with no disc bulging or herniation. Mild degenerative changes in the L4/L5 disc with mild narrowing of the L4/L5 foramina were noted. No spinal stenosis was noted. The office notes indicate back pain and a normal neurological exam. A visit dated 11/1/04 noted no radiculopathy. A visit dated 12/1/04 noted thigh pain. Finally, a visit dated 1/12/05 noted that the patient was improved.

Disputed Services:

Lumbar epidural injection at L4-L5.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a lumbar epidural injection at L4-L5 is not medically necessary in this case.

Rationale:

Epidural steroid injection is considered evidenced-based for lumbar radiculopathy, spinal stenosis, and disc herniation. The patient's reviewed records do not support these indications at this time. There is no herniation or stenosis by MRI. The last office visit noted that the patient was improved. Earlier notes suggest no radiculopathy.