

March 18, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-1059-01

CLIENT TRACKING NUMBER: M2-05-1059-01 /5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

Records from State (TWCC):

- TWCC Notification of IRO Assignment 3/7/05 - 7 pages

Records from Requestor (Jeffrey L. Wasserman, MD):

- Appeal letter 1/24/05 - 1 page
- Follow up visit note 1/10/05 - 1 page
- Procedure History and Physical Exam 8/17/04 - 2 pages
- History and Physical 7/6/04 - 4 pages

Records from Respondent (East Texas Education Insurance Association c/o Cunningham Lindsey):

- Letter from TWCC 3/7/05 - 1 page
- Letter from IMO 3/1/05 - 2 pages

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- Letter from IMO 1/18/05/Determination note - 1 page
- Fax cover sheet to IMO from Advanced Pain Medicine/Dr. Wasserman 1/12/05 - 1 page
- Worker's Compensation Pre-Authorization Request 1/12/05 - 1 page
- Dr. Wasserman's appeal letter 1/24/05 - 1 page
- Physician Advisor Determination 1/13/05 - 1 page
- Dr. Wasserman's follow up visit note 1/10/05 - 1 page
- MRI Lumbar Spine report 3/11/04 - 2 pages
- Workers' Compensation Appeal Request 1/25/05 - 1 pages
- Physician Advisor Determination 1/27/05 - 1 page
- Letter from IMO/Determination note 2/2/05 - 1 page
- Independent Medical Examination 10/28/04 - 4 pages
- EMG and Nerve Conduction Study 11/3/04 - 5 pages

**Summary of Treatment/Case History:**

The claimant is a 35 year old lady who allegedly suffered a workplace injury on \_\_\_\_\_. Subsequently she developed low back pain with some radiation to the right leg and calf. An MRI of the lumbar spine was read as normal. Two EMG examinations differed in results, one finding evidence of a right L5-S1 radiculopathy and a second finding no abnormality. She has undergone extensive chiropractic treatment and has taken COX-2 inhibitors without sustained relief. Physical examinations failed to show signs of lumbar facet joint pathology such as pain on hyperextension and torsion of the lumbar spine. Straight leg raising is normal and the neurological signs are essentially normal.

**Questions for Review:**

1. Medical necessity for bilateral lumbar facet blocks at L3-5.

**Explanation of Findings:**

1. Medical necessity for bilateral lumbar facet blocks at L3-5.

The claimant has a 14 month history of axial back pain with non-radicular radiation to the right leg. There is no good EMG evidence of radiculopathy. The physical examination does not indicate that a search for trigger points in the lumbar paraspinal muscles has been carried out. The usual selection criteria for facet joint injections are listed below. The claimant apparently satisfies all of these criteria. Therefore one set of diagnostic facet joint injections at L3-5 is indicated and medically necessary.

**Conclusion/Decision to Certify:**

One set of bilateral facet joint injections at L3-5 is medically necessary.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

The usual selection criteria for lumbar facet joint injections are:

1. Axial low back pain of at least 3 months duration, which is exacerbated by hyperextension and torsion.
2. Absence of true radiculopathy.
3. No untreated trigger points in the lumbar paraspinal muscles.
4. Lack of resolution by a conscientiously applied program of physical therapy and NSAID's.

**References Used in Support of Decision:**

Slipman, et al. (2003). A critical review of the evidence for the use of zygapophysial injections and radiofrequency denervation in the treatment of low back pain. *Spine J* 3:310-6.

Manchikanti (1999). Facet Joint Pain and the Role of Neural Blockade in Its Management. *Curr Rev Pain* 3:348-358.

Marks, et al. (1992). Facet joint injection and facet nerve block: a randomised comparison in 86 patients with chronic low back pain. *Pain* 49:325-8.

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The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
POB 40669  
Austin, TX 78704-0012

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.

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It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc:

Jeffrey L. Wasserman, MD

East Texas Education Insurance Association c/o Cunningham Lindsey