

April 8, 2005

Re:    **MDR #:**            M2-05-1207-01            **Injured Employee:**  
      **TWCC#:**  
      **IRO Cert. #:** 5055                    **DOI:**  
                                                  **SS#:**

**TRANSMITTED VIA FAX TO:**

**Texas Workers' Compensation Commission**

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

**REQUESTOR:**

Manjit Randhawa, DO  
Attention: Darla  
(979) 849-1423

**RESPONDENT:**

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

Dear Mr. Merritt:

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 Pain Medicine 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 April 8, 2005.

Sincerely,

Gilbert Prud'homme  
General Counsel

GP/thh

### **REVIEWER'S REPORT M2-05-1207-01**

#### **Information Provided for Review:**

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

Information provided by Requestor:

Office notes 04/13/04 – 02/02/05

Operative report 11/09/04

Radiology report 01/21/05

Information provided by Respondent:

Correspondence

Designated doctor review

**Clinical History:**

The patient is a 31-year-old male with a work-related lumbar back injury dated \_\_\_\_\_. He was initially treated conservatively. A diagnosis of lumbar facet radiculopathy was made, and lumbar facet blocks were performed on 11/9/04. The reviewed information does not indicate the effect of this intervention. Nevertheless, lumbar pain with radiation into his right lower extremity persisted. An MRI dated 1/21/05 revealed L5/S1 spondylosis L5/S1 paracentral disc herniation without mass effect or S1 nerve root compression. Notably, degenerative facet changes at L5/S1 appear to impinge upon the L5 right nerve root within the neural canal. With the persistence of the lumbar back pain and the right lower extremity radiation, lumbar epidural steroid injections have been recommended by the patient's physician.

**Disputed Services:**

Outpatient lumbar epidural steroid injections X 3 at levels L3-4, L4-5 & L5-S1.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that epidural steroid injections in a series of up to 3 per level are indicated at levels L4-5 and L5-S1. Epidural steroid injections at level L3-4 is not medically necessary in this case.

**Rationale:**

The patient's symptoms are consistent with a lumbar radiculopathy despite the briefly noted and apparently normal neurological exam. The MRI does demonstrate L5 nerve root impingement within the neural canal. Epidural steroid injections, in a series of up to 3 injections per level, are indicated at L4/L5 and L5/S1, but not L3/L4.

**Screening Criteria/Treatment Guidelines/Publications Utilized:**

The American Society of Interventional Pain Physicians in Pain Physician 2005 concluded that lumbar epidural steroid injection is evidence-based for lumbar radiculopathy management.