

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 May 19, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1264-01**

Information Provided for Review:

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

Information from Requestor:

Correspondence
Office note 02/02/05
Radiology report 12/16/04

Information from Respondent:

Correspondence

Clinical History:

This male claimant sustained a work-related injury on ____, which resulted in a low back pain condition. He eventually underwent surgery including laminectomy and fusion at L4/L5 on 02/02/98 with improvement of symptoms until recently. His back pain has remained "stable," but eventually reached levels of 7/10 in severity, occurring on a daily basis. Examination findings pointed toward a lumbar facet joint syndrome possibly at a couple of levels above the fusion and perhaps the level below the fusion. Facet joint injections were recommended at L2/L3, L3/L4, and L5/S1 bilaterally, which have been presumably denied, though it is somewhat unclear since the "item in dispute" that is listed on the Notification of IRO Assignment is that of "neurolytic epidural cervical/thoracic." A CT scan of the lumbosacral spine done on 12/15/04 is interpreted as showing an L4/L5 fusion that is "probably solid," with advanced disc degeneration below the fusion and facet joint degenerative changes noted at multiple levels above and below the fusion.

Disputed Services:

Neurolytic-epidural cervical/thoracic

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that neurolytic epidural cervical/thoracic is medically necessary in this case.

Rationale:

It appears that this claimant continues to have low back pain that is primarily axial and is progressively worsening with symptoms, signs, and imaging findings all pointing toward a possible facet joint source of ongoing pain. This could be further evaluated and treated with the proposed facet joint blocks. Therefore, if the request for services that has been denied is indeed facet joint block bilaterally at the L2/L3, L4/L5, and L5/S1 levels (which is unclear from the Notification of IRO Assignment), then the reviewer believes that this would be a perfectly reasonable and medically necessary procedure for this claimant.