May 9, 2005

| | | | |
|---|---|---|---|
| **Re:** | **MDR #:** | M2-05-1330-01 | **Injured Employee:** |
| | **TWCC#:** | | **DOI:** |
| | **IRO Cert. #:** | 5055 | **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:**
TML Intergovernmental Risk Pool
Flahive, Ogden Latson
Attention: Kelly Pinson
(512) 867-1733

Dear Mr. ___:

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 Neurology and 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 May 9, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT**
**M2-05-1330-01**

**Information Provided for Review:**
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:
- Office notes 04/28/04 – 03/30/05
- Physical therapy notes 06/30/04- 07/22/04
- Radiology reports 09/24/02 – 01/27/05

Information provided by Respondent:
- Correspondence

Information provided by the Surgeon:
- Correspondence

**Clinical History:**
This claimant sustained a work-related injury on ___ while performing his duties that resulted in acute strain in his lower back. There was radiation of pain down the left lower extremity into the foot along with numbness and tingling. He was treated with medications and underwent an MRI of the lumbar spine, which did show a moderate-sized disc herniation at L5/S1 toward the left and possible decompression of the left S1 nerve root. He was treated with conservative therapy, including a series of lumbar epidural steroid injections, which took place in November of 2002, with the available documentation indicating that he experienced quite significant relief of his pain after 2 injections, with some notes indicating that this claimant reported 70%-80% improvement. Because of this response, more aggressive treatment was avoided, such as cervical

decompression, and the claimant was treated with physical therapy and medications, etc. An office visit dated April 14, 2003 (approximately 6 months after his steroid injections) continued to document significant improvement in his pain condition, with some persistent “minimal” pain into the lower extremities. The claimant reported, at that point, that he felt optimistic that he would be able to return to work without restrictions in the near future.

A followup on July 14, 2003 indicated that the claimant continued to report similar improvement in his pain condition, though there may have been no significant additional improvement between the followup visits. By January of 2004, the claimant was reporting that there was recurrence of his pain. This was followed conservatively and with home exercises. Eventually, a repeat MRI was obtained due to continued progression of symptoms. The MRI continued to show a moderate to severe degenerative disc at L5/S1, which was worse compared to the prior scan from 2002, according to a note from the treating doctor, dated February 22, 2005. It again showed a herniated disc towards the left at L5/S1 with pressure on the left S1 nerve root. A recommendation was made for another course of lumbar epidural steroid injections, which have been denied.

**Disputed Services:**
Lumbar epidural steroid injections X 3.

**Decision:**
The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the steroid injections in dispute as stated above are medically necessary in this case.

**Rationale:**
It is clear that the claimant has had a recurrence of the radiculopathy that was the result of his work-related injury. It is also quite clear from the documentation provided that he responded very well to conservative treatment, including a course of epidural steroid injections, with prolonged relief of his symptoms, to the point that he was quite willing and motivated to return to work with full duty. The symptoms have returned, and there continues to be structural abnormalities on the most recent imaging to implicate continued compression of the nerve root at the L5/S1 level, on the left, to account for the symptoms. Other conservative measures, such as medications and physical therapy have not proven to be satisfactorily effective. Therefore, the reviewer believes that it is quite reasonable and medically necessary to proceed with a second course of epidural steroid injections at this time, which should then be followed by some more physical therapy in order to try to maintain any improvement seen for the long term. The reviewer believes that this is more than reasonable, and would be medically necessary, as this course of treatment has avoided surgical procedure thus far for decompression.

The reason for the initial denial is somewhat confusing in that they are counter to what is documented in the medical records. Specifically, mention is made that the initial set of epidural steroid injections “were not efficacious initially”, and that “the disc abnormality at L5/S1 had a decrease”. The records indicate that the disc abnormality had actually worsened, but in general the reviewer feels that this is a non-issue, since the symptoms of radiculopathy have clearly returned no matter what the imaging study may or may not have indicated comparatively. The fact that the claimant is not a surgical candidate should play no role, in the reviewer’s opinion, as to the validity for the use of epidural steroid injections. In fact, the patient who is considered not a surgical candidate (and the reviewer is not convinced that this applies to this claimant, as surgery was deferred in the past due to his significant response to conservative treatment), an argument could be made that conservative treatment, such as requested, may be a reasonable alternative. This is especially so in this case, sine he has documented significant and sustained symptomatic improvement with the initial set of epidural steroid injections, and with ongoing radicular symptomatology and ongoing structural abnormalities that have a correlation with the symptoms.