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## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** June 7, 2005

**Requester/ Respondent Address:** TWCC  
Attention: Rebecca Farless  
7551 Metro Center Drive, Suite 100, MS-48  
Austin, TX 78744-1609

Dr. Manjit Randhawa  
Attn: Darla  
Fax: 979-849-1423  
Phone: 979-848-3068

Lowes Co Inc  
Attn: Robert Josey  
Fax: 512-346-2539  
Phone: 512-346-5533

**RE: Injured Worker:**  
**MDR Tracking #:** M2-05-1707-01  
**IRO Certificate #:** 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Anesthesiology/Pain Management reviewer (who is board certified in Anesthesiology/Pain Management) who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Submitted by Requester:**

- MRI of thoracic spine 3/9/05
- MRI of lumbar spine 3/9/05
- Office notes from Dr. Randahawa from 3/29/05
- Physical Therapy notes from Fitness and Rehab Services 2/21/05-3/4/05 (6) six office visits

**Submitted by Respondent:**

- MRI thoracic spine 3/9/05
- MRI of lumbar spine 3/9/05
- Letter from Dr. Petric for denial of lumbar steroid injection 4/7/05
- Letter of denial of epidural steroid injection for Dr. Abukhalia 4/20/05
- Letter from Robert Josey from 5/27/05

**Clinical History**

Ms. \_\_\_ is a 42 year-old female who states she injured her lumbar spine with a lifting episode on \_\_\_. The patient was referred by Dr. Weimer to Dr. Randahawa. The physical exam at that time was negative for abnormality with the exception of tenderness to palpation over the lower lumbar peri-spinous muscles, more so on the left. Neurologic exam was normal, straight leg raising was negative. The patient's symptoms are to the low back with no radicular signs, symptoms, or exam findings. The MRI of the thoracic spine was normal. There was a cystic structure that was likely related to a cyst, but most likely not a source of the patient's current complaints and an incidental finding. MRI of the lumbar spine showed a disc bulge at L3-4, slightly left off the midline but the foramen and central canal were patent. At L4-5 no bulging was identified, there were some minimal facet degenerative changes at L5-S1, there was desiccation with a slightly left sided bulge, and fissure, no central or foraminal stenosis was identified there was also facet degenerative changes.

**Requested Service(s)**

Lumbar epidural steroid injection

**Decision**

I agree with the carrier that the requested services are not medically necessary.

**Rationale/Basis for Decision**

Lumbar epidural steroid injections are indicated to help control radicular symptoms into the lower extremities, resulting from nerve irritation from the lumbar spine. The patient's symptoms are non-radicular, her physical exam findings are mechanical in nature, mostly pointing toward myofascial. The indication for lumbar epidural steroid injection has not been met, as the patient has non-radicular symptoms. No radicular or radiculopathy physical exam findings, no compressive lesion on MRI, and physical exam consistent, mostly with mild fascial pain.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the 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 **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744

Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 7<sup>th</sup> day of June 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder