

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-05-9437.M2

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 9, 2005

Requester/ Respondent Address:

TWCC
Attention: Rebecca Farless
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

Brad Burdin, DC
Attn: Jessica
Fax: 210-690-0399
Phone: 210-690-6992

Via Metropolitan Transit
Attn: Gail Macaffrey
Fax: 210-362-2573
Phone: 210-362-2000

RE: Injured Worker:

MDR Tracking #: M2-05-2134-01

TWCC #:

IRO Certificate #: IRO 5263

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 an 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 the lumbar spine dated 5/24/00
- Office notes from Dr. Burdin, D.C. for a total of 30; notes start in May 2000 and extend through September 2001 with a gap and then notes from April 2004, December 2004 and June 2005
- Office notes from Dr. Freiberg and his PA Dedmon for a total of 9 notes starting in February 2001 extending through August 2003
- One office note from Bollinger LPC from September 2000
- Office notes from Dr. Lampert from May 2000 and June 2000
- Office notes from Dr. Hirsch and his PA Sensei for a total of 12 notes starting in July 2000 extending through January 2002 and then a gap with notes starting again in June 2004, December 2004, January 2005 and April 2005
- Procedures notes from Dr. Hirsch including epidural steroid injections from 8/4/00, 10/9/00, 11/17/00; trigger point injections from 1/17/01, 4/11/01; trigger point injection, left sacroiliac joint injection note from 8/16/01; trigger point injection from 1/5/02; left sacroiliac joint injection from 7/27/04; bilateral sacroiliac joint injections from 9/16/04; left sacroiliac joint injection with trigger point injections from 12/21/04
- Office notes from Dr. Denno from 12/22/00
- RME of 2/19/01

Submitted by Respondent:

- MRI of the lumbar spine from 5/24/00
- Outside reading of the same MRI from 6/20/00
- Office notes from Dr. Freiberg of 8/7/03
- Office notes from Dr. Hirsch of 6/14/04, 1/6/05, 2/15/05 and 4/12/05
- Procedure notes of 7/27/04 for left sacroiliac joint injection; bilateral sacroiliac joint injections from 9/16/04; left sacroiliac joint injection with trigger point injections from 12/21/04
- Epidural steroid injections from 8/14/00
- Office notes from Dr. Lampert of 5/19/00, 6/9/00
- Office notes from Concentra Medical Center; 5 notes from 4/20/00 through 5/12/00
- Chiropractic notes from Dr. Burdin from 6/23/00 through 8/17/00 and then notes from 4/28/04, 12/13/04; total notes from Dr. Burdin number 15
- Physical therapy notes from Advanced Physical Therapy for a total of 12 notes from 4/27/00 through 5/16/00
- Physical therapy notes from the Neuromuscular Institute of Texas extending from 7/28/04 through 10/1/04 for a total of 11 notes

Clinical History

The claimant states she injured her back while attempting to strap a wheelchair into the bus she was driving causing pain into her low back. At times she has had some radicular symptoms into her left greater than right leg down to about the level of the knee. The claimant did have an MRI which showed degenerative disc disease at multiple levels. The MRI has been read by 2 separate

individuals: reread showing central protrusions at L2/3, L4/5 and L5/S1 of 3mm, initial read stating these to be disc herniations with the L4/5 disc herniation displacing the left L5 nerve root. The claimant has been tried with conservative care involving chiropractic care and physical therapy. She has undergone 3 epidural steroid injections, multiple trigger point injections, and multiple bilateral or left-sided sacroiliac joint injections. The epidural steroid injections were done late in 2000. A follow up office visit note state these provided temporary to no relief. The trigger point injections and sacroiliac joint injections were done in 2 time periods, the first being January 2001 through January 2002 with a large gap and then restarting again in July 2004 through the present. The claimant was evaluated by a neurosurgeon in December 2000 and deemed a non-surgical candidate. As of the last notes, the claimant has returned to work full time complaining of back pain with no true radicular symptoms.

Requested Service(s)

Left S2 nerve block

Decision

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

Rationale/Basis for Decision

There is insufficient evidence to support the request itself. The claimant's diagnoses have been lumbar disc disruption and muscle spasm from multiple physicians. The one physician has diagnosed her with a sacroiliac joint dysfunction and has performed multiple sacroiliac joint injections, which have provided temporary mild relief. It is unclear why he has requested a S2 nerve block. He may consider this as a possible block for the sacroiliac joint, but the sacroiliac joint is innervated by more than 1 nerve root, therefore, the block would be incomplete. There is no evidence of S2 nerve impingement on any imaging study or documented on physical exam. The request, therefore, is not medically necessary as described in the documentation I have.

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 9th day of August 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder