

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-2251-01
Name of Patient:	
Name of URA/Payer:	Texas Mutual Insurance Co.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	John Randolph, DC
(Treating or Requesting)	

September 14, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Ryan N. Potter, MD
John Randolph, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

Records submitted for review included:

- Ryan Potter, MD H&P 6/15/05 and 12/16/04;
- Jerry McShane, DO, Designated Doctor Report dated 7/21/05;
- Texas Mutual Insurance carrier's position paper; and
- Real Health Care medical records (John Randolph, DC).

42-year-old female with work related onset of neck pain in _____. She has a diagnosis of left C5 radiculopathy, cervicalgia, C4-5 herniated disc, arm pain, and cervical facet syndrome.

REQUESTED SERVICE(S)

3-level bilateral cervical facet blocks at C4-5, C56-, C6-7.

DECISION

Uphold denial.

RATIONALE/BASIS FOR DECISION

Facet joint blocks are not an accurate intervention to diagnose facet mediated pain. If performed under fluoroscopic and contrast controlled guidance, medial branch blocks are the only peer reviewed, randomized controlled trial supported diagnostic procedure for facetogenic pain. Please refer to Drs. Susan Lord and Nickoli Bogduk's pivotal work in this area. One may also reference ISIS clinic guidelines.

YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the 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 carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 15th day of September 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell