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**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** January 13, 2005

**Requester/ Respondent Address:**

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

Dr. R, MD  
Attn: \_\_\_\_\_  
Fax: 817-465-2775  
Phone: 817-467-5551

ARCM  
Attn: \_\_\_\_\_  
Fax: 479-273-8792  
Phone: 972-389-6600 x 6741

**RE: Injured Worker:**

**MDR Tracking #:** M2-05-0480-01  
**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 an Anesthesiologist/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:**

- Office notes from Dr. R dated 10/8/04, 11/9/04 and 12/8/04

## **Submitted by Respondent:**

- Office notes from Dr. M dated 4/29/02
- Office notes from Dr. S dated 6/28/02
- Office notes from neurosurgeon, Dr. P, dated 10/30/02, 1/20/03, 2/17/03 and 9/19/03
- Office notes from Fort Worth Pain Center (mainly Dr. R) dated 5/16/02, 7/31/02, 8/22/02, 9/26/02, 1/15/03, 10/1/03 and 10/29/03
- Notes from the ER dated 4/18/02
- Office notes from Dr. C dated 11/26/03 and 12/4/03
- Initial note from Dr. R dated 10/13/03 and office notes dated 11/14/03, 12/9/03, 12/17/03, 1/23/04, 3/22/04, 4/22/04, 5/20/04, 5/26/04, 6/9/04, 7/8/04, 8/11/04, 9/8/04, 10/8/04, 11/9/04 and 12/8/04
- Chiropractic notes from Dr. G dated 5/13/02, 8/5/02, 10/28/02, 11/14/02, 12/16/02, 1/15/03, 2/21/03, 3/20/03, 4/17/03, 5/22/03, 7/8/03, 7/15/03, 8/12/03 and 9/4/03
- Chiropractic manipulation notes from 5/02 thru 6/02
- Physical therapy notes from Healthsouth dated 5/8/02
- MRI imaging of the thoracic spine dated 6/4/02 and 7/6/04
- CT scan of the lumbar spine dated 8/18/04
- Pre-authorization review for lumbar epidural steroid injection dated 10/22/04 and 11/1/04
- TWCC-59 form dated 1/27/04
- TWCC-1 form dated
- TWCC-21 form dated 6/5/02
- TWCC-73 form: a total of 16 of these beginning 4/18/02 thru 12/4/03
- Surveillance report from PI Solutions dated 11/8/02
- Required medical examination by Dr. O dated 3/25/03
- Chart review by Dr. B dated 4/11/03
- Independent review from a pain physician dated 6/4/03
- Independent review from Dr. L dated 1/15/04
- Designated doctor examination by Dr. X on 1/27/04
- IRO from an orthopedic surgeon dated 3/8/04
- Independent review dated 6/17/04
- Administrative hearing report dated 8/5/04

## **Clinical History**

\_\_\_ injured himself while working at a \_\_\_\_\_ in \_\_\_\_. The patient spent a day unloading heavy objects and noticed onset of pain in the low back. He was initially treated with chiropractic care and manipulations, but obtained no significant relief. In reviewing the office notes, the patient has mainly complained of thoracic and cervical pain. At times he has complained of right arm pain, bilateral lower extremity pain and low back pain. The patient has had two thoracic MRI's, the first showing a minimal bulge at T6-7 and a compression deformity at T12-L1. The second MRI on 7/6/04 showed multiple levels of disc bulging from the T2-3 level down to the T7-8 level. No significant foraminal or central stenosis is identified at any level. He underwent a CT scan of the lumbar spine on 8/18/04, which again shows the abnormality at the L1 vertebral level with T12-L1 disc narrowing and a Schmorl's node. Mild disc narrowing is seen at L4-5 with a 2 mm central protrusion resulting in 9 mm of spinal diameter. There is a ventral dural deformity above the take off of the L5 root sleeves. There is mild disc narrowing at L5-S1 with 3 mm of a left disc

protrusion resulting in 8 mm of spinal diameter. There is touching of the dural sac above the take off of the S1 root sleeve. The patient's past medical history is significant for bipolar disorder, anxiety, depression, smoking, obesity, hypertension, seizure and asthma. The compensable body part for the worker's compensation injury is the lumbar spine according to the records that I have.

**Requested Service(s)**

Lumbar epidural steroid injection.

**Decision**

I disagree with the carrier and find the lumbar epidural steroid injection is medically necessary.

**Rationale/Basis for Decision**

The patient at times has suffered from back and lower extremity radicular symptoms. Although his neurological examination has been normal, he still could have irritation of the nerve roots from the worker's compensation injury. The CT scan that was done in August did show disc abnormalities at L4-5 and L5-S1, which possibly could result in his symptoms. The request for a lumbar epidural steroid injection is, therefore, reasonable and appropriate to treat the patient's symptoms that have arisen from his worker's compensation claim. The decision to proceed with another epidural steroid injection should be based solely upon the results of the first one. Because of the patient's varied pain complaints and his multiple comorbid disease states, the request for a second injection should document objective as well as subjective evidence of decreased pain, decreased medication usage, improved functioning including range of motion and other activities. If the request for a second epidural steroid injection does not contain these objective findings, further epidural steroid injections would not be necessary or appropriate for the worker's compensation claim.

**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 13<sup>th</sup> day of January 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: