



Specialty Independent Review Organization, Inc.

November 7, 2005

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-0134-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesia and Pain Management. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

According to the medical records, the patient suffered a work-related motor vehicle accident on \_\_\_\_\_. The patient received initial care from Drs. Kistler and Lindsey for cervical sprain and left C6 radiculopathy. MRI findings suggest minimal central disk protrusions at C5-6.

On patient's request she was referred to Dr. Tibiletti in Tyler where she underwent ESI and Facet injections.

Records reviewed:

- General records
- Records from the carrier
- Records from the doctor

Records from the patient

### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of cervical facet injections at C3-4 and C6-7.

### DECISION

The reviewer disagrees with the previous adverse determination.

### BASIS FOR THE DECISION

The reviewer states that pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage which cannot be diagnosed by any objective testing. Although there is no post procedure follow-up report included from years 1999 – 2000 from Dr. Tibiletti as to patient's response to treatment, there is the following evidence to support the requested procedures.

- Letters from patient dated 9/27/2005 and 10/24/2005 where she states that the injections had helped.
- Letter from Edwin Ferren, MD dated 5/26/2005 where he states that patient had good results from Dr. Tibiletti's treatment and injections.
- Letter from Gary Randal, D.O. dated 9/22/2005 stating that patient had received cervical facet injections with relief in her pain.
- Letter from Daniel Theesfield, MD dated 4/7/2005 suggesting indication for injection

### REFERENCES

Essentials of Pain Medicine & Regional Anesthesia 2<sup>nd</sup> Edition Benson, Raja, Molloy, Liu & Fisher

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO  
**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.**

Sincerely,

Wendy Perelli, CEO

**I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the via facsimile, U.S. Postal Service or both on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**