

November 18, 2005

[Claimant]

Re: **MDR #:** M2-06-0160-01 **Injured Employee:** _____
 DWC #: _____ **DOI:** _____
 IRO Cert. #: 5055 **SS#:** _____

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:
Gabriel Lopez, MD
Attention: Melanie Gonzalez
Fax: (361) 882-5414

RESPONDENT:
Liberty Mutual Fire Insurance
Attention: Carolyn Guard
Fax: (574) 258-5349

TREATING DOCTOR:
Pedro E. Garcia, Jr., MD
Fax: (361) 884-3280

Dear Mr. ____:

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Anesthesiology and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

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 November 18, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-06-0160-01

Information Provided for Review:

DWC-60, Table of Disputed Services, EOB's

From Requestor:

Office Notes 07/18/05 – 09/06/05

Nerve Conduction 12/12/02

Radiology Reports 08/10/98 – 10/07/05

From Respondent:

Correspondence

Designated Reviews

Treating MD:

Office Notes 02/18/03 – 08/11/05

Procedures 08/10/98 – 08/25/03

Clinical History:

The patient is a 48-year-old male who sustained an apparent work-related back injury on _____. The patient underwent a lumbar laminectomy in 1998 and a lumbar fusion in May 2003. Post fusion, the patient has been treated with conservative measures and has persistent low back pain and a lumbar radiculopathy characterized by radiating pain and L5/S1 sensory changes. It is recorded that facet blocks and epidural blocks were performed with no help noted. The patient is diagnosed with a chronic pain syndrome described as post laminectomy syndrome. Lumbar spine x-rays dated 10/07/05 show mild degenerative changes and disc space narrowing at L3/L4. A CT scan of the lumbar spine dated 06/10/05 showed no evidence of spinal canal stenosis of herniated disc. Facet joint arthritis is noted at L4/L5 and L5/S1. Myelogram on June 10, 2005 showed no evidence of herniation or stenosis.

Disputed Services:

Two level lumbar TFESI: 64483-first level, 64484-second level, 76005-FLUORO, 99141-IV SED, J Codes-injectables, 1992 MAC Anesthesia; preop lab work, chest x-ray, EKG.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion the treatment in dispute as stated above are not medically necessary in this case.

Rationale:

The attending physician's diagnosis of post laminectomy syndrome is appropriate. Nevertheless, previous reviewers are also correct that no evidence of any anatomic or inflammatory process that might be helped by steroid injection is apparent. The process is now quite chronic (greater than 2 years). Previous facet and epidural injections have been reported to have provided no significant help. The literature does not support evidence-based use of epidural steroids in chronic back pain or post laminectomy syndrome without evidence of a treatable process. The patient's chronicity and previous injection outcomes further mitigate against the requested service.

SCREENING CRITERIA AND GUIDELINES:

The American Society of Interventional Pain Physicians Evidenced-Based Practice Guidelines as noted in Pain Physician 2005, Volume 8, pages 1-47, are instructive in this case. Post laminectomy syndrome, epidural steroid injection has been found to be helpful in only 1 of 3 studies and then only for short-term relief. Specifically, transforaminal epidural injections produce negative results.