



Specialty Independent Review Organization, Inc.

November 18, 2005

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-0251-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-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 Pain Management and Anesthesia. 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

This 60-year-old female fell forward while at work. She had a previous L4 to S1 fusion in 2000. She is doing physical therapy. Her current medications are Tramadol, Robaxin, Relafen, Elavil, Prozac, Estiradol, Lasix and Verapamil. An EMG shows a right L4 and right S1 radiculopathy.

#### RECORDS REVIEWED

- Records from Doctor: Office notes-Jacob Rosenstein; EMG-Dr. Walker; Lumbar myelogram report; Report from Orthopedic Center-Dr. Prager; MRI report-7/20/2005; Note from Dr. McWatt

- Records from Carrier: Employee report of injury, MRI report-7/20/2005; EMG-Dr. Walker; Lumbar myelogram report; MedStar report-6/16/2005; ER visit-Baylor; Brain CT report; Left SI joint and other plain film reports; Reports of Dr. McWatt; Report of Dr. Alexander; Report of Dr. Otero; Report of Dr. McCall; Report form Orthopedic Center-Dr. Prager; Office notes-Jacob Rosenstein; Forte UR findings

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of bilateral facet injections at L1-2, L2-3 and L3-4 times one (1).

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The reviewer states that the proposed treatment is not consistent with established practice guidelines. The ASIPP Practice Guidelines suggest that only 2 adjacent levels be blocked at a time in order to identify which joint is effected (diagnostic block). Therapeutic multiple level blocks are appropriate only after documenting the effects of the diagnostic block.

#### REFERENCES

ASIPP Practice Guidelines, Interventional Techniques in the Management of Chronic Pain, Pain Physician 2001:4, 24-98.

The reviewer states that the proposed treatment is not consistent with practice guidelines. 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 the reviewing provider has no known conflicts of interest between that provider 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 IRO.

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 18<sup>th</sup> day of November 2005**

**Signature of Specialty IRO Representative:**

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