

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	_____
MDR Tracking Number:	M2-06-0299-01
Name of Patient:	_____
Name of URA/Payer:	State Office of Risk Mgmt.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	David Hagstrom, MD

November 21, 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.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
David Hagstrom, MD
_____, Division of Workers' Compensation

RE: _____

CLINICAL HISTORY

Medical records reviewed:

- I. Dispute Resolution Request
- II. Pre-authorization documents
- III. Progress notes
- IV. Clinic notes from Diego Rivera, M.D.
- V. Primary Care notes
- VI. Operative procedure notes
- VII. Employers first report of injury
- VIII. Imaging study reports
- IX. Physical therapy progress notes
- X. RME report from Gerald Hill, M.D.

This is a 51 year old lady who reports that she sustained a lumbar spine injury while restraining a client where she works. She was seen by several primary care providers. The initial diagnosis was strain, however, with the ongoing lower extremity issues this advanced to a radiculopathy assessment. Imaging studies noted degenerative changes and a disc protrusion at L4-L5 level. In August 2005 the first lumbar ESI was completed and did not ameliorate the lower extremity symptoms. Dr. Rivera felt that at least one and maybe two more ESI's should be undertaken in an attempt to resolve the lower extremity pain complaints. Prior ESI had been completed on August 20 and September 18, 2002. Dr. Henry suggested ESI on June 5, 2005 and did the procedure on July 7, 2005. There was no significant improvement in the symptoms after this procedure. Dr. Hill felt that maximum medical improvement had not been reached. On September 27, 2005 the pre-authorization for the repeat ESI was not certified.

REQUESTED SERVICE(S)

Out-patient lumbar epidural steroid injection (ESI)

DECISION

Authorize the second ESI only

RATIONALE/BASIS FOR DECISION

Recommended as an option prior to surgery when there are radicular signs. Although epidural injections of steroids may afford short-term

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improvement in leg pain and sensory deficits in patients with sciatica due to a herniated nucleus pulposus, this treatment seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short-term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity ([Carette, 1997](#)) ([Bigos, 1999](#)) ([Hopwood, 1993](#)) ([Rozenberg, 1999](#)) ([Kay, 1994](#)) ([Khot, 2004](#)) ([Buttermann, 2004](#)) ([Buttermann2, 2004](#)) ([Samanta, 2004](#)) ([Dashfield, 2005](#)) While the effects of the injection tend to be temporary - providing relief from pain for one week up to one year - an epidural can provide sufficient pain relief to allow the patient to progress with their rehabilitation program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs. Whether injections are repeated depends upon the patient's response to the previous injection session. Subsequent injection sessions may occur after 1 to 2 weeks if patient response has been favorable. If a patient does not experience any back pain or leg pain relief from the first epidural injection, further injections will probably not be beneficial. There is no role for a "series" of injections. Each injection should be individually evaluated for clinical efficacy. ([Delpont, 2004](#)) ([Botwin, 2002](#)) ([Vad, 2002](#)) ([Colorado, 2001](#)) ([CMS, 2004](#)) A maximum of two ESIs is recommended in most circumstances, and only when there is documented radiculopathy (by exam, imaging, or neuro-testing) which is unresponsive to conservative treatment. Imaging such as an MRI may not be required prior to injection; the evidence is mixed and some guidelines recommend it, while others do not. ([Manchikanti, 2003](#)) ([ICSI, 2004](#)) ([Cigna, 2004](#)) Lastly, as noted in Krussens's Text, commonly one injection does not have the efficacy wanted and a second injection would be reasonable. Therefore, the second injection is warranted, however, prior to any beyond that there has to be significant objectification of a measure of improvement.

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RE: _____

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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 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 22nd day of November, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell