

January 5, 2006

Re: MDR #: M2-06-0384-01 **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:
Daniel Shalev, MD
Attention: Midy
Fax: (972) 980-0649

RESPONDENT:
Fireman's Fund Ins Co
Attention: Katie Foster
Fax: (512) 867-1733

TREATING DOCTOR:
Terry Hollingsworth, MD
Fax: (903) 454-4531

Dear Ms. ____:

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 Pain Management and Neurology 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 January 3, 2006.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT
M2-06-0384-01

Information Provided for Review:

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

From Requestor:

Office Notes 01/28/04 – 10/31/04

OR Reports 03/09/04 – 07/16/04

From Respondent:

Correspondence

Designated Review

Clinical History:

This claimant sustained a work-related injury on ____, which has resulted in ongoing symptoms that have been attributed to the sacroiliac joint as well as some lumbar radicular symptoms and myofascial pain. She has been treated with spinal cord stimulation that offered significant relief but needed to be removed due to infection. She has also undergone treatment with "prolotherapy" into the sacroiliac joints with several months of relief documented. She currently is being treated with long-acting narcotics via Duragesic patch until the time that she will again be the candidate for another spinal cord stimulator implant. A request for additional prolotherapy to the sacroiliac joint as well as possible radiofrequency denervation of the branch nerves innervating at that joint has been requested. This is in the hopes of reducing her pain and potentially reducing her usage of pain medications while waiting for her candidacy to once again have a spinal cord stimulator implanted.

Disputed Services:

Bilateral sacroiliac joint & radiofrequency sacral facet injection.

Decision:

The reviewer partially agrees with the determination of the insurance carrier in this case.

Rationale:

The reviewer agrees with the prior reviewers as well as with the requesting physician, Dr. Shalev, that prolotherapy has not been accepted uniformly as an appropriate and justifiable treatment.

Therefore, I would agree with the prior determination that this treatment would not be considered medically reasonable and necessary. However, radiofrequency denervation of the lateral branch nerves that innervate the joints may be a reasonable option, after first demonstrating that these nerves, when blocked, result in significant (though likely temporary) pain relief. After these diagnostic blocks have been performed and pain relief confirmed, the radiofrequency procedure may certainly then be utilized for longer-term denervation and longer-term relief of pain symptoms. Therefore, I believe that the radiofrequency denervation procedure would be medically reasonable, but only after diagnostic blocks (targeting the same nerves) have been done to confirm response and the diagnosis.