



Specialty Independent Review Organization, Inc.

January 30, 2006

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

Patient:
DWC #:
MDR Tracking #: M2-06-0540-01
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 49-year-old female sustained an injury to her neck while driving and complains of persistent neck and bilateral arm pain. She has had a comprehensive chronic pain management program and three epidural steroid injections. She has also had an MRI of the cervical spine which shows minimal annular bulge but is otherwise normal. Physical examination from the designated exam physician revealed a completely intact neurologic exam and a negative Spurling sign and Lhermitte sign. Negative Lhermitte sign is also documented in Dr. Kramer's notes.

RECORDS REVIEWED

Records from Doctor/Facility: Operative reports; Consultation notes-Dr. Kramer; PainCARE Chronic Pain Management Assessment

Records from Carrier: TWCC-69; PainCARE Chronic Pain Management Assessment; Designated Doctor evaluation; O'Connell & Associates; KSF Orthopedic Center notes; Operative reports and anesthesia records; Dr. Alo's notes; Motor Nerve Study; RS Medical Prescriptions; MRI of the cervical spine; Hummer Whole Health Clinic notes; TWCC-73's; PainCARE evaluation of functional capacities; PainCARE progress notes

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of cervical facet injection under radiographic guidance.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the patient has muscle spasms in the neck without radicular signs. Even though the radiographic evaluation is normal, a patient may have pain originating from the facet joint. Clinical practice guidelines (L. Manchikonti et al. ASIPP Practice Guidelines. Interventional Techniques in the management of chronic pain: Part 2.0 Pain Physician. 2001: 4, pp 24-98) support a diagnostic facet block to discern the cause of the pain.

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 Division via facsimile, U.S. Postal Service or both on this 30th day of January 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli