

NOTICE OF INDEPENDENT REVIEW DECISION

March 20, 2003

RE: MDR Tracking #: M2-02-0851-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ___ when she slipped on a flight of stairs and hit her head on a step. An MRI performed on 09/11/01 revealed a herniated disc at C3-4 and C4-5. The patient underwent cervical medial branch nerve blocks at C2-3 through C5-6 on the left side on 02/28/02 and the right side on 03/21/02. The treating physician is recommending that the patient undergo radio frequency denervation of C2-3 to C5-6 right side and left side.

Requested Service(s)

Radio frequency denervation of C2-3 to C5-6 right side and left side.

Decision

It is determined that the radio frequency denervation of C2-3 to C5-6 right side and left side is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has chronic neck pain which has not responded to time, medications (including narcotics), TENS, epidural steroid injections, and spine rehabilitation. Physical examinations have shown that the patient has tenderness over the lateral side of the neck consistent with the facet joint syndrome. The spinal surgeon felt that this patient had pathology at C3 through C6, and stated that the patient might be a candidate for fusion in the future. The patient was not found to have radicular changes on electromyography.

The patient underwent diagnostic injections twice and reported good temporary relief for 1 to 3 days. Facet neurectomy has been shown to be useful in patients with facet joint pain who respond temporarily to diagnostic injections. The North American Spine Society Guidelines include facet rhizotomy at this stage of pain (phase 3) in patients who have had pain for 6 months, not responded to conservative treatment for 6 weeks, do not have radicular components, and report reduction of pain after local anesthetic medial nerve branch block.

Therefore, radio frequency denervation of C2-3 to C5-6 right side and left side is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission 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 20th day of March 2003.