

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-3420.M2**

April 4, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0727-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Neurological Surgery. The ___ 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 ___ 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 48-year-old woman had a job-related injury on or about ___ while employed as a stocker at ___ where she injured herself lifting a box and slipped and fell landing on her left arm, left lumbar area and left leg. An EMG was consistent with left L5 radiculopathy and as well as possible L1 left-sided radiculopathy.

This patient had significant relief of low back pain after a series of three lumbar epidural steroid injections, the last of which was performed in November of 2002. Despite this, she had residual pain in the lumbar area with radiation to the bilateral inguinal region and anterior thighs predominantly on the right-hand side. She continued to do physical therapy. On examination, the patient had tenderness over the lumbar facet joints, predominantly on the right-hand side at L3/4, L4/5 and L5/S1. There was limited extension capability with complaints of pain with extension. Right lateral bending was as well painful and restricted. She was recommended to have a right-sided lumbar facet injection at L3/4, L4/5 and L5/S1 with radiofrequency denervation to be performed if she obtained significant relief from the lumbar facet blocks. A MRI of the lumbar spine was consistent with desiccated discs at L2/3, L4/5 and L5/S1 and a small central disc

herniation lateralizing to the left at L2/3 without impingement upon the neural foramina, a small central disc herniation at L4/5 without neural foraminal impingement, a tiny L5/S1 central disc herniation without impingement upon the neural foramina, and as well facet arthropathy at L2/3, L4/5 and L5/S1.

REQUESTED SERVICE

A right-sided lumbar facet injection at L3/4, L4/5 and L5/S1 is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

This is a patient who is suffering with a lumbar-sacral spine and lumbar radicular syndrome of a posttraumatic nature that has partially responded to epidural steroid injections and physical therapy. On examination, she has tenderness over the facet joints in the lumbar-sacral spine predominantly on the right-handed side with pain and limited range of motion on dynamic testing of the lumbar-sacral spine. As well, she has changes in the facet joints on the MRI of the lumbar-sacral spine which was performed. Therefore, based upon treatment guidelines and care standards, it is appropriate to treat the patient for what appears to be a lumbar-sacral spine syndrome and lumbar radicular syndrome, at least partially due to a lumbar facet syndrome. It is therefore appropriate for the patient to undergo a diagnostic lumbar facet block on the right at the levels of L3/4, L4/5 and L5/S1 as a prelude to recommendations for possible facet radiofrequency denervation.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

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

In the case of other *prospective (preauthorization) medical necessity* disputes 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 a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

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

I hereby certify, in accordance with TWCC 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 TWCC via facsimile, U.S. Postal Service or both on this 4th day of April 2003.