

May 30, 2003 (Amended)

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

MDR Tracking #: M2-03-0968-01  
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 Physical Medicine and Rehabilitation. 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

\_\_\_ of \_\_\_ was injured at work on \_\_\_. He underwent back surgery and on 4/18/00 underwent a repeat laminectomy with discectomy and excision of scar tissue. He had some post-operative venous thrombosis complications. He has had other extensive treatments, medications and injections with \_\_\_ a neurologist.

\_\_\_ also has other non-related medical problems including peptic ulcer disease and a history of reported systemic lupus with positive ANA. Due to his multiple problems, he is on permanent disability status.

#### REQUESTED SERVICE

The lumbar facet injections and the purchase of an LSO back brace are requested for this patient.

#### DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

The reviewer finds that the purchase of the LSO back brace is reasonable and necessary for this patient, but the requested lumbar facet injections are not.

#### BASIS FOR THE DECISION

With this gentleman's history of fairly major back problems, provision of a lumbar support for part-time use is reasonable in this case. This type of medical device to assist in palliative lumbar

pain relief is among the reasonable medical treatments as seen in past and current orthopedic rehabilitation literature, as would relate to this particular case.

Concerning the request for multiple facet injections, this patient has had 52 lumbar laminectomy procedures, considered basically a failed back surgery syndrome. There is a request for bilateral facet injections at L2, L3, L4, L5 and S1, plus a request to repeat them three times. Review of this case does not seem to show justification for such injections. The need for such wide spread multilevel injections is not shown. There is no significant literature evidence showing the necessity for repeating these procedures three times. Also, a specific indication for facet injections commonly is that of a focal anatomic lesion giving pain only with extension and not flexion. This is not documented on these records. The reviewer recommends non-authorization of the facet injections in this case.

\_\_\_ 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 30<sup>th</sup> day of May 2003.**