

MDR Tracking Number: M5-03-2363-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 20, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the paravertebral anesthesia injection office visits, nerve conduction velocity study, sense conduction test, somatosensory testing and H/F reflex studies were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the paravertebral anesthesia injection office visits, nerve conduction velocity study, sense conduction test, somatosensory testing and H/F reflex studies were not found to be medically necessary, reimbursement for dates of service from 6/6/02 through 2/17/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of October 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

October 3, 2003

Re: MDR #: M5-03-2363-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is board certified in Anesthesiology and Pain Management.

Clinical History:

The claimant was allegedly injured on ___ by an unspecified lifting event. He had a previous history of diskectomy and fusion in 1985. According to the documentation I have reviewed, there is no documentation that this claimant had any surgery associated with the ___ compensable event. On 04/27/01 a peer review was performed in which it was noted

that the claimant was allegedly injured while lifting. He complained of pain in his lower back and left shoulder. The review indicated the claimant then underwent a variety of different medical treatments including therapy and injections through the end of 1994. He then stated there was no medical documentation 03/06/00, at which point the claimant was being treated by a medical doctor primarily for myofascial pain around the left shoulder by trigger-point injections.

The claimant transferred treatment to a different physician on 04/27/01 following the sudden, unexpected death of his previous physician. On 07/01/02 in a letter of medical necessity, it was stated that the claimant suffers from post-laminectomy syndrome. The physician states that the claimant had surgery for his ___ compensable injury causing his chronic condition. He noted that the claimant had received approximately ten different paravertebral nerve blocks, two series of three injections to the thoracic spine and one series of three injections to the cervical spine, to treat severe muscle spasms of the cervical and thoracic spine. He stated the claimant received 3-4 weeks of relief of muscle spasms from these blocks.

On 12/21/01, the physician indicated the claimant had a prior history of lumbar fusion but did not indicate when the fusion was performed, or whether it was the 1985 fusion. Between 06/06/02 and 02/17/03, two physicians saw the claimant for nonspecific thoracic and neck pain. Physical examination demonstrated nonspecific, nonfocal findings of decreased range of motion and alleged paravertebral muscle spasms with essentially the exact same physical examination being documented on every single visit during that time period.

During that time, the claimant underwent several paravertebral nerve blocks with no documentation whether these injections provided any relief. Specifically, on 06/06/02, 07/17/02, 08/19/02, 10/18/02, and 11/18/02, the claimant had thoracic paravertebral nerve blocks performed by injection of 1% lidocaine in the vicinity of the T-5 and T-7 transverse processes. On 02/10/03, a cervical paravertebral block was performed by injecting lidocaine in the vicinity of the C-5 and C-7 transverse processes, after these processes were "palpated" and marked. Each of the procedure notes indicates the claimant had immediate pain relief. However, all of the subsequent progress notes do not indicate whether the relief was sustained, what its duration was, or what the degree of relief was.

The claimant was referred for a neurologic and electrodiagnostic evaluation on 02/07/03. Multiple electrodiagnostic studies were performed showing absolutely no abnormalities whatsoever.

Disputed Services:

Paravertebral anesthesia injection, office visits, nerve conduction velocity study, sense conduction test, somatosensory testing, H reflex studies for dates of service 06/06/02 through 02/17/03.

Decision:

The reviewer agrees with the determination of the insurance carrier. The services in question were not medically necessary in this case.

Rationale:

There is no documentation to support the alleged diagnosis of post-laminectomy pain syndrome. If the claimant had no surgery for this ___ compensable event it is clear that he was not suffering from failed back surgery syndrome. He had previous laminectomy and fusion in ___, which pre-dates his injury by seven years. There is no medical evidence presented that would indicate the claimant had any recurrent or residual pathology of his lumbar spine that would justify the alleged diagnosis of post-laminectomy pain syndrome. Moreover, post-laminectomy pain syndrome would not cause, by any valid medical mechanism, either paravertebral, thoracic or cervical pain. All of the progress notes reviewed clearly indicate nonspecific, nonfocal findings which have nothing whatsoever to do with their alleged diagnosis of post-laminectomy pain syndrome or, in any medical probability, anything to do with a lifting injury that occurred in ___.

Nonspecific muscle tenderness is not a valid indication for paravertebral nerve block. None of the physical examinations demonstrate anything other than nonspecific muscle tenderness. Moreover, according to the procedure notes submitted, these alleged "paravertebral regional nerve blocks" appear to be nothing more than intramuscular injections of lidocaine which, at most, would be a trigger-point injection. The procedure notes do not support the performance of any type of nerve block whatsoever. Nonspecific injections of a short-acting local anesthetic such as lidocaine in the vicinity of the thoracic or cervical transverse processes would not provide any block of any nerve whatsoever. Knowledge of the anatomy of the thoracic and cervical spine clearly supports that there are no nerves to block in the nonspecific vicinity of the transverse processes, as documented in the procedure notes. Moreover, the only objective testing documented indicates no abnormalities whatsoever in the claimant's upper extremity neurologic system.

Therefore, since the physical examinations demonstrate no focal findings, the procedure notes document nothing more than intramuscular injection of short-acting local anesthetic, the medical progress notes document no physical examination or history consistent with a diagnosis of post-laminectomy pain syndrome, the cervical and thoracic areas could not have been involved by any valid medical mechanism with a nonspecific lifting injury, and there is no documentation whatsoever of whether there was any benefit from the injections, there was no medical reason or necessity for any of the medical services provided from 06/06/02 through 02/17/03 related to the alleged ___ work-related event. The treatment provided does not meet standard of care nor is there justification for any of the treatment provided, based on the poor physical examination evidence documented or any objective medical tests.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,