

DATE OF REVIEW: 05/14/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Office visits on 06/16/06 and 07/03/06.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Licensed physician in the state of Texas, D.O., Fellowship Trained in Pain Management and board certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, DWC Approved Doctor List Level 2

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI referral, April 27, 2007
2. Letter attorney, May 4, 2007
3. letter of dispute
4. Medical summary letter August 12, 2005
5. Peer Review by MD, August 9, 2005
6. Medical summary letter, November 29, 2005
7. Peer Review by November 17, 2005
8. Office notes of MD from July 28, 2005 through April 30, 2007

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is claimant was injured while driving her bus. Medical records clearly indicate that the claimant was under active treatment for lumbar spine problems at the time of the injury, including having received 3 epidural steroid injections before the work injury even occurred. Additionally, an MRI scan in July 2004 demonstrated diffuse degenerative disc changes with annular tear and disc bulging at L5/S1. The physician reading this MRI scan goes on to note that the claimant had undergone epidural steroid injections as recently as July 2005, only five months before the work event. Physician stated that the claimant had sustained nothing more than a soft tissue myofascial strain and, therefore, would require no more than six to eight weeks or three months at most of “minimal conservative care.” He stated that the claimant had completed her course of

treatment for the compensable injury in his review and stated that no further treatment was medically reasonable and necessary as related to the work in injury.

The carrier filed a dispute on 09/08/05, stating that the claimant's degenerative disc disease, herniated disc and annular tear were pre-existing and unrelated to the work event, and that the claimant was receiving active medical treatment for those conditions prior to the work event.

On 09/17/05 a physician performed a Required Medical Examination on the claimant, also noting her pre-existing lumbar spine condition and active treatment at the time of the work injury. Physical examination documented negative straight leg raising bilaterally, normal reflexes in the upper and lower extremities, normal motor testing in the lower extremities, and no sensory deficit in the extremities. This physician stated that the claimant had sustained nothing more than a soft tissue myofascial strain superimposed on pre-existing degenerative disc disease, which he stated had "no causal relationship with this reported injury." He stated that no further care was medically reasonable or necessary as related to the work event, and that the ongoing care for the claimant was "directly targeting her known degenerative findings, which have no causal relationship with this reported work injury." He stated that no treatment beyond mid-August 2005 would be medically reasonable and necessary to resolve the compensable injury.

No further records were provided for my review other than the dispute filed by the treating doctor to receive payment for office visits on 06/16/06 and 07/03/06. Those requests were apparently appropriately evaluated by physician advisers and found to be medically unreasonable and unnecessary as related to the work event.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

It is abundantly clear that this claimant, who had a clear pre-existing history of multilevel lumbar degenerative disc disease, which was under active treatment prior to the work event. It is also abundantly clear in the entirety of the records that I have reviewed that this claimant sustained nothing more than a minor soft tissue strain injury, which would be expected to heal in no more than six to twelve weeks, given the pre-existing condition of multilevel lumbar degenerative disc disease.

Therefore, I agree that there was no medical reason or necessity for any further treatment of the claimant's compensable injury beyond mid-August 2005 and, therefore, that the two visits for which the treating doctor has requested payment were not medically reasonable or necessary as related to the work injury. This claimant clearly has pre-existing, unrelated multilevel lumbar degenerative disc disease, which, in my opinion, is the sole source of her ongoing pain complaints and necessity for treatment. Therefore, although there may be medical necessity for the claimant to be seen for treatment of her ongoing lumbar degenerative disc disease, that necessity is not at all related to the work event and, therefore, no medically reasonable or necessary for the compensable minor lumbosacral strain event. ODG Guidelines do not support ongoing treatment for minor lumbosacral strain injury beyond eight to twelve weeks at most. Since this is the extent

of the claimant's work injury, treatment beyond mid-August 2005 is not medically reasonable or necessary as related to the work event.

Also, no medical records were submitted by Dr. that support his requests.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)