



Texas Department of Insurance, Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-06-1376-01
Jerry L. Orsburn, D. C. 217 Harwood Rd. Suite 106 Bedford, TX 76021	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Fidelity and Guaranty Insurance, Box 19	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 package. Position Summary states, "Services were medically necessary to help patient attain MMI."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response. Position Summary states, "Denied per peer review as not medically necessary."

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
9-28-05 – 11-4-05	CPT codes 98940, 97110, 97112, 99215	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did not prevail on the disputed medical necessity issues.

CPT code 99080-73 on 10-26-05 was withdrawn by the requestor and will not be a part of this review.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Authorized Signature

Donna Auby, Medical Dispute Officer

Typed Name

5-23-06

Date of Findings and Decision

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

CLAIMANT: ____

EMPLOYEE: ____

POLICY: M5-06-1376-01

CLIENT TRACKING NUMBER: M5-06-1376-01-5278

AMMENDED REVIEW 5/17/06

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIoA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Records Received:

RECORDS FROM STATE:

- 1 page Notification of IRO Assignment from Texas Department of Insurance, Division of Workers' Compensation dated 3/18/06
- 1 page IRO assignment to Medical Review Institute of America dated 4/18/06 from Texas Department of Insurance, Division of Workers' Compensation
- 7 pages Medical Dispute Resolution Request/Response, date stamped 3/27/06
- 6 pages Explanation of Benefits for dates 9/28/05 to 10/21/05 from Helmsman Management Services, Inc, addressed to Jerry L. Orsburn, D.C.

RECORDS FROM REQUESTOR:

7 pages Maximum Medical Improvement and Impairment Rating Evaluation dated 1/4/05 signed by Mark A. Ritchie, D.C.

- 6 pages Initial Office Consultation dated 7/8/05 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 1 page Radiographic Report dated 7/8/05 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 9 pages Physical Performance Test dated 7/14/05 from Mid-Cities Back Institute
- 2 pages MRI Report dated 7/27/05 from Texas Imaging & Diagnostic Center, of the lumbar spine unsigned by Richard J. Suhler, M.D.
- 2 pages Amended MRI Scan dated 7/27/05 from Texas Imaging & Diagnostic Center, unsigned by Richard J. Suhler, M.D.
- 6 pages Re-Examination dated 7/29/05 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 10 pages Progress Physical Performance Test dated 8/18/05 from Mid-Cities Back Institute
- 3 pages orthopedic report dated 8/25/05 from Orthopedic Institute of Texas and electronically signed by Robert T. Myles, M.D.
- 4 pages Re-Examination dated 8/26/05 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 11 pages Electro-Neurodiagnostic Examination dated 8/30/05 from Mid-Cities Neurology Associates, P.A. and signed by James M. Barry, M.D.
- 5 pages Re-Examination dated 9/26/05 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 10 pages Progress Physical Performance Test dated 9/27/05 from Mid-Cities Back Institute
- 5 pages Billing Retrospective Review dated 9/28/05 from Professional Reviews, Inc, addressed to Liberty Mutual Group and signed by Thomas B. Sato, D.C.
- 2 pages orthopedic report dated 10/4/05 from Orthopedic Institute of Texas
- 5 pages Re-Examination dated 10/26/05 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 2 pages orthopedic report dated 11/3/05 from Orthopedic Institute of Texas and electronically signed by Robert T. Myles, M.D.
- 1 page letter dated 11/3/05 addressed to "To Whom It May Concern," from Orthopedic Institute of Texas and signed by Robert T. Myles, M.D.
- 3 pages Letter to Support BRC Request for Patient dated 11/4/05 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 5 pages Re-Examination dated 12/2/05 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 5 pages Final Examination dated 1/3/06 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 10 pages Final Physical Performance Test dated 1/3/06 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 4 pages Maximum Improvement Letter dated 1/10/06 addressed to the Texas Department of Insurance, Division of Workers' Compensation, unsigned by Larry Magnuson, M.D., MPH

- 2 pages Request for Clarification Regarding Disagreement With 2nd Impairment Rating dated 1/20/05 (should probably be 2006) from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 1 page TWCC 89 - Report of Medical Evaluation dated 1/10/06
- 1 page Letter dated 2/11/06 addressed to Dispute Resolution Officer of the Texas Division of Workers' Compensation, unsigned by Larry W. Magnuson, M.D., MPH
- 1 page TWCC 89 - Report of Medical Evaluation dated 1/10/06
- 3 pages letter dated 4/24/06 addressed to Medical Review Institute of America from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.

RECORDS FROM INSURANCE COMPANY (RESPONDENT):

- 1 page Radiographic Report dated 7/8/05 from Mid-Cities Back Institute and signed by Jerry L. Orsburn, D.C.
- 1 page orthopedic report dated 8/25/05 from Orthopedic Institute of Texas, electronically signed by Robert Myles, M.D.
- 63 pages "pigeon hole variety" chart notes for dates 7/8/05 to 1/3/06, total of 63 visits
- 7 pages Maximum Medical Improvement and Impairment Rating Evaluation dated 1/4/05 (probably should be 2006), signed by Mark A. Ritchie, D.C., CST, CCRD
- 3 pages Reconsideration letter dated 1/4/06 from Professional Review, Inc., addressed to Liberty Mutual Group, signed by Thomas B. Sato, D.C.
- 5 pages Consultation/Evaluation & Diagnostic Testing Request Form dated 1/4/06 signed by Jerry L. Orsburn, D.C.
- 2 pages Letter of Clarification request dated 2/3/06 from Texas Department of Insurance addressed to Larry Wayne Magnuson, M.D.
- 1 Page Texas Workers' Compensation Work Status Report dated 7/8/05
- 1 page Employee's Notice of Injury or Occupational Disease and Claim Form for Compensation dated 7/11/05
- 2 pages Employer's Wage Statement dated 7/11/05
- 1 page fax cover sheet dated 7/14/05 from Mid-Cities Back Institute
- 1 page fax cover sheet dated 7/28/05 from Mid-Cities Back Institute
- 1 page Texas Workers' Compensation Work Status Report dated 7/29/05
- 1 page Texas Workers' Compensation Work Status Report dated 8/25/05
- 1 page fax cover sheet dated 8/26/05 from Mid-cities Back Institute
- 1 page Texas Workers' Compensation Work Status Report dated 8/26/05
- 1 page Request for a Benefit Review Conference dated 8/30/05
- 2 pages Request for Designated Doctor dated 10/25/05
- 1 page Texas Workers' Compensation Work Status Report dated 9/26/05
- 1 page fax cover sheet dated 9/27/05 from Mid-Cities Back Institute
- 1 page Texas Workers' Compensation Work Status Report dated 10/4/05
- 1 page Texas Workers' Compensation Work Status Report dated 11/26/05
- 1 page Notice of Representation or Withdrawal of Representation dated 11/9/05
- 3 pages Worker's or Beneficiary' Notice of Injury or Occupational Disease and Claim for Compensation dated 10/31/05
- 1 page letter dated 11/9/05 addressed to Texas Department of Insurance from Henderson and Kroenung, signed by Kim K. Kroenung, Attorney At Law
- 2 pages Maximum Medical Improvement request from Texas Workers' Compensation Commission dated 12/15/05 addressed to Larry Wayne Magnuson, M.D.
- 1 page Request for Designated Doctor dated 10/25/05 from The Texas Workers' Compensation Commission
- 1 page Texas Workers' Compensation Work Status Report dated 1/3/06
- 1 page Report of Medical Evaluation dated 1/6/06 indicating 15% Impairment Rating
- 1 page Report of Medical Evaluation dated 1/10/06
- 1 page fax cover sheet dated 1/20/06 from Mid-Cities Back Institute
- 1 page of 2 page letter signed by Jerry L. Orsburn, D.C. requesting reconsideration of impairment rating from 10% to 15%
- 1 page Profession Referral, undated, from Mid-Cities Back Institute for neurological consultation/evaluation, signed by Jerry L Orsburn, D.C.
- 1 page Wage Statement Calculation Worksheet dated 7/7/05
- 1 page letter dated 4/25/06 addressed to Medical Review Institute of America from Liberty Mutual

Summary of Treatment/Case History:

The records indicate the patient alleges an industrial injury on ___ while employed as a Print Operator by Allstate Insurance Company. The patient alleges he was lifting a stack of paper off a table and placing it on a cart when he felt sharp pain in mid to low back. The day after, ___ the patient presented to the office of Mid-Cities, Back Institute, the office of Jerry L. Orsburn, D.C. Dr. Orsburn took a history performed a physical examination and took x-rays. The doctor of chiropractic diagnosed lumbar intervertebral disc displacement without myelopathy, thoracic intervertebral disc displacement without myelopathy, muscle spasms, myofascitis and edema. The doctor indicates in his initial report that he intended to perform computer-assisted range of motion and muscle strength testing and that he would be treating the patient daily for 2 weeks, perform a re-examination in 2 weeks. Treatment was anticipated for 8 to 10 weeks. The doctor indicated he expected to reach clinical maximum medical improvement with some residuals. Treatment was to include manual manipulation of the spine, interferential therapy, icing, heat, mechanical and manual traction, ultrasound, myofascial release, trigger point therapy, neuromuscular reeducation and therapeutic activities.

Treatment was begun and continued to at least 1/3/06, which is the last dated SOAP FEE SLIP provided for review. During the course of treatment the doctor of chiropractic performed several computer-assisted range of motion and muscle strength tests. The doctor of chiropractic also ordered an MRI of the thoracic and lumbar spinal areas as well as neurological diagnostic tests.

During the course of treatment the patient was referred for a neurological consultation, an orthopedic consultation, and determination of maximum medical improvement with impairment ratings.

The carrier requested a utilization review that was performed to which the doctor of chiropractic took exception.

It appears the patient was released from active care on 1/3/06, by Dr. Orsburn.

In November of 2005 the patient sought legal representation.

Medical necessity is not shown for dates of service 11/2/05 or 11/4/05, nor any dates thereafter.

Questions for Review:

Are dates of service 11/2/05 and 11/4/05 medically necessary?

Explanation of Findings:

At issue in this case is the lengthy treatment provided to this patient, multiple lines of service and inappropriate testing. Treatment started on 7/8/05 and continued to at least 1/3/06, 6 months of continuous treatment. The patient was seen at least 63 times. When treatment began the patient received at least 5 lines of service on every visit and on the last date of service (1/3/06) the patient received 4 lines of service.

It is noted, upon intake, the patient indicated his pain level was 10/10, which is truly remarkable as that indicates an unbearable pain level that would have the patient in a hospital on extremely powerful narcotics. There is no evidence the patient was ever hospitalized. There is no documentation that indicates the patient was not ambulatory at any time. The patient was able to go into the office of Dr. Orsburn and perform all the orthopedic and neurological tests requested as well as range of motion and muscle strength.

Of interest are the MRI's of the thoracic and lumbar spine. There is no documentation that indicated the patient had progressive neurological deficits, there was no strong suspicion based upon symptomatology of underlying soft tissue pathology and there was no evidence the patient was ever considered to be a surgical candidate, yet the results are used as a basis for lengthy treatment and diagnoses. Chapter 12, page 304 of the ACOEM guidelines indicates, "Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great." In the present case the patient was not a surgical candidate, there was no strong suspicion of underlying soft tissue pathology and there is no documentation of progressive neurological deficits. The Annals of Internal Medicine indicates, "Advanced imaging should be reserved for patients who are considering surgery or those in whom systemic disease is strongly suspected." The Bulletin on Rheumatic Diseases indicates, "MRI studies have revealed the presence of herniated disks in 22% to 40% and bulging disks in 24% to 81% of asymptomatic adults. These studies should be reserved for patients for whom there is a strong clinical suspicion of underlying infection, cancer, or persistent neurological deficit." Boden, et al, indicates "abnormal magnetic resonance scans of the lumbar spine in asymptomatic adults." Based upon the MRI report of the thoracic spine there is a T10 right paracentral disc herniation that affects the nerve root. The nerve root T10 is part of the supply to the intercostal muscles, which are difficult to test. The sensory area is the umbilicus, but there is sufficient overlap of the T10-T12 areas for no anesthesia to exist if only one nerve root is involved and it appears in the present case there is only one nerve root involved. There is a L3-4 disc bulge but there is no involvement of the nerve tissue. The L4 nerve root on the right is not compromised. The L5 nerve root is not compromised. The reports indicate this patient has multiple levels of minor bulges which were not caused by the minor lifting incident of this alleged industrial injury. The patient's alleged radiculopathy concerns the right side, yet the 7mm protrusion at L4-L5 is on the left side. There is little support for lengthy care based upon the MRI's ordered by Dr. Orsburn.

The lines of service on each date of visit appear to be excessive. There is very little scientific support for the various physical therapy modalities/procedures provided by Dr. Orsburn. In chapter 12, page 300, the ACOEM guidelines state, "Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms". There are no high-quality scientific studies that clearly indicate the efficacy of passive physical therapy modalities/procedures or that they have any significant impact on the patient's outcome.

Electrical stimulation therapy is considered not medically necessary due to insufficient evidence from peer-reviewed medical literature to support its use. There is no documentation of any beneficial effect on health outcomes greater than that seen with placebo therapy. There is a lack of well-constructed, controlled studies that address stimulus variables, outcome measures and electrode placement.

On every visit neuromuscular reeducation is billed. The documentation does not indicate the patient experienced a CVA, head trauma or brain/cord damage that might require neuromuscular reeducation. There is no evidence the patient needed to be taught how to sit, stand, walk, eat, etc. There is no evidence the patient lost the ability to perform the activities of daily living. In the absence of these traumas or losses, medical necessity is not shown for neuromuscular reeducation.

A question is raised relative to the medical necessity of computer-assisted muscle testing or range of motion performed on such a repeated basis. There is no evidence they had any impact on the patient's treatment regimen or that they had any impact on the patient's outcome. The only appropriate use of such a test would be if there was significant damage that indicated a significant impairment and there would be a medical-legal issue of permanent disability with loss of the ability to perform in the workplace. It is not appropriate to perform the tests repeatedly without significant benefit to the patient.

Another question raised is the medical necessity of ordering EMG/NCV studies. Again, there is no documentation the patient had progressive neurological deficits that might require a neurologist to perform needle EMG/NCV. The results of the test were unremarkable indicating mild sacral 1 radiculopathy, which did not correlate with the MRI, but did with the patient's symptoms/complaints.

The usual course of treatment recommended by most nationally recognized evidence-based medical/chiropractic guidelines is approximately 4 weeks of treatment. It would not be unreasonable to allow up to 6 weeks of chiropractic treatment at which time the patient could be educated/instructed in a self-directed home exercise program of strengthening, stretching, increasing flexibility and muscle tone. Additionally, the patient could be instructed in the at-home application of cold/heat, as needed for discomfort and NSAID's if recommended by the patient's medical doctor and tolerated by the patient.

During the course of treatment, the SOAP-FEE Slips indicate significant periods of no benefit to the patient as the patient states he feels about the same. On 9/13/05 the patient states he is sore but is a little better. This, after more than 60 days of continuing treatment. On 9/28/05 the patient states he feels stronger. On 10/3/05 the patient states he feels "all better." After 10/3/05 the patient simply indicates he continues to improve. On 1/3/06, the last note provided, the patient indicates he is better all over. There is a notation by the doctor the patient has 100% improvement. Yet on that date the doctor bills for therapeutic procedures, computer-assisted range of motion and muscle testing. Further notations indicate the patient returned to work without any restrictions. It is also interesting to note the patient received a 15% impairment rating when the records indicate the patient is 100% and working without any restrictions. That does not correlate.

On 4/24/06 Dr. Orsburn wrote a letter to Medical Review Institute of America protesting the review performed by Dr. Sato. Dr. Orsburn claims that Dr. Sato never saw the patient therefore, could not perform a utilization review. Dr. Orsburn should be aware that utilization reviewers never see the patient. It is not required. What is required is high quality documentation maintained by the treating doctor of chiropractic. Everything must be supported by quality documentation. Treating records must substantiate what was provided, the patient's progress or lack of progress. All findings, etc. It has never been a requirement for a reviewer to have to see the patient or perform any examination, testing, etc. Dr. Orsburn requested that another unbiased independent doctor determine the medical necessity of treatment. The doctor states the support for his treatment was that the patient improved, which is not remarkable considering the patient was treated at least 63 times over a course of 6 months. There are studies that clearly show a low back patient can improve without any treatment whatsoever. On page 289 of ACOEM indicates, "Clinicians can greatly improve the patient's response to back symptoms by providing assurance, encouraging activity, and emphasizing that more than 90% of low back pain complaints resolve without any specific therapies."

The ACOEM guidelines in chapter 12, on page 298 indicates, "Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. Of note is that most studies of manipulation have compared it with interventions other than therapeutic exercise, hence its value as compared with active, rather than passive, therapeutic options is unclear. Nonetheless, in the acute phases of injury manipulation may enhance patient mobilization. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved."

Conclusion/Decision to Not Certify:

Are dates of service 11/2/05 and 11/4/05 medically necessary?

Medical necessity is not shown for dates of service in question.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

This decision is based upon documentation, local and national community standards and the following references:

References Used in Support of Decision:

Occupational Medicine Practice Guidelines, 2nd Edition, American College of Occupational and Environmental Medicine, OEM Press, 2004. Citations are referenced in the text of the discussion.

Milliman Care Guidelines, Milliman, USA, Inc., 9th Edition. Ambulatory Care. Lumbar Pain Section.

Guidelines for Chiropractic Quality Assurance and Practice Parameters, The Proceedings of the Mercy Center Consensus Conference, Gaithersburg, MD, 1993, Aspen Publishers. pp 121 Passive Care.

Hurwitz EL, Morgenstern H, et al. UCLA Low Back Study. J Manip Physio Ther 2002-25(1) pp 10-20.

Bulletin on Rheumatic Diseases, April 2001.

Boden SD, Davis DO, Dina TS, et al. Abnormal magnetic-resonance scans of the lumbar spine in asymptomatic subjects. J Bone Joint Surgery 1990;72-1(3): 403-408.

Jarvik JG, Deyo RA. Diagnostic Evaluation of Low Back Pain with Emphasis on Imaging. Ann Intern Med 2002;137:586-597.

Hartigan C, Miller L, Liewehr SC. Rehabilitation of acute and subacute low back and neck pain in the work-injured patient. Orthopedica Clinica North America 27(4):841-50, Oct 1996.

QualityFIRST Guidelines, McKesson Health Solutions, LLC. Chronic Pain Section, Neck Pain Section, Thoracic and Low Back Pain Section.

This reviewer has been provided by a licensed chiropractor in active practice for over twenty years. This reviewer is a Board eligible Chiropractic Orthopedist and is a member of their state Chiropractic Association and the American Chiropractic Association. This reviewer specializes in disability evaluation, industrial injuries, roentgenology and independent medical examinations and is active in continuing education related to disability and impairment ratings. The reviewer has additional qualifications and training in Acupuncture. This reviewer is certified by their State Chiropractic Association in Industrial Disability examinations and evaluations.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Raquel G ext 518