

MEDICAL REVIEW OF TEXAS

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-04-0101-01
Name of Patient:	
Name of URA/Payer:	General Motors Corporation c/o Sedgwick
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Joseph Viernow, DC

October 30, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Jacob Rosenstein, MD
Joseph Viernow, DC
Texas Workers' Compensation Commission

RE:

CLINICAL HISTORY

Mr. _____ is a 56-year old black male assembly line worker for General Motors Corporation. Mr. _____ had a work related injury to his lumbar spine on 5/4/01 when he slipped on water landing on his left knee, with his leg bent backwards, hitting his tailbone and lower back on the concrete. A co-worker and supervisor assisted him off the floor that Friday evening and he reported his injury the following Monday.

REQUESTED SERVICE(S)

Medical necessity of a 30-day trial TENS unit.

DECISION

Approve requested service.

RATIONALE/BASIS FOR DECISION

When Mr. _____ filed his report the Monday after his injury, he was sent to the plant doctor for evaluation and was sent back to work. Mr. _____ continued working for five months prior to consulting another doctor. As his pain became increasingly worse Mr. _____ was referred to Dr. Joseph Kay, an orthopedic surgeon. Dr. Kay took radiographs of the lumbar spine and began a physical therapy program for six weeks, followed by trigger point injections of which the patient stated, "was not helping." Dr. Kay recommended lumbar epidural steroid injections, at which time Mr. _____ asked for a second opinion. Mr. _____ changed treating doctors to Dr. Joseph Viernow who took lumbar radiographs, started Mr. _____ on a physical therapy and chiropractic adjustment program at three times per week. Mr. _____ has received a nerve conduction study on 2/8/02 revealing a left L5 radiculopathy. The MRI of the lumbar spine performed on 12/5/01 showed a diffuse L4-5 disc protrusion with ligamentous hypertrophy. On 9/9/02 a lumbar myelogram ventral defect at L4-5 with diminished filling bilaterally, CT showed diffuse L4-5 disc protrusion with yellow ligamentous hypertrophy causing central and bilateral recess stenosis. On 9/27/02 Dr. Rosenstein performed a decompression and fusion. On 5/12/03 an FCE was performed on Mr.

_____ with his physical demand level being scored at sedentary and was not at a functional level which would allow him to return to work at his previous position. Work conditioning was recommended. The patient has been treated with anti-inflammatories (which cause GI bleeding) and various pain medications that have also caused adverse effects and minimal relief.

Taking into account the extent of injury, the patient's adverse reactions to the medications prescribed, and the concern shown by Dr. Rosenstein on the amount of medication necessary to control Mr. _____'s pain, a 30-day TENS rental is appropriate for this particular case without contraindications to the patient. When discussing electrical stimulation, it is important to acknowledge the various waveforms and protocols available and remember each patient's treatment should be individualized.

The opinions rendered in this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review.

RESOURCES:

1. Chronic Pain Management, Dr. Mark Miller
2. Electrical Stimulation, Carrie Sussman, PT

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.

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

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 1st day of November, 2003.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell