

IRO America Inc.

An Independent Review Organization

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Amended November 9, 2005

October 26, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TDI-DWC #: _____
MDR Tracking #: M2-05-2274-01
IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed M.D., board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, medical records from Requestor, Respondent, and Treating Doctor (s), including:

Initial report ____
Office note of rehab physician 07/30/02
Cervical MRI 08/20/02
Office notes of an unknown physician 08/27/02, 10/22/02, 11/21/02, 09/20/04, 12/22/04,
02/16/05,
EMG bilateral upper extremity 09/03/02
Injection 10/01/02, 10/15/02, 10/29/02
EMG 11/05/02
Lumbar facet rhizotomy 01/08/03
Discogram 06/25/03
Office notes 07/03/03 to 08/12/03
Operative report 04/15/04
Maximum medical improvement rating 08/02/04
Cervical MRI 10/06/04
Physical therapy note 10/29/04
Review of medical records 11/15/04
IME 05/15/05
Peer review 07/01/05

CLINICAL HISTORY

The Patient is a 40-year old male, employed as ground crew for an airline, who reportedly sustained injuries on _____ when his cart was struck from behind and he was thrown to the ground. The Patient presented for treatment with complaints of neck and back pain. Cervical X-rays showed a moderate loss of normal cervical lordosis. The Patient was treated conservatively with non-steroidal medications and therapy and work restrictions. Neck pain continued and an MRI was obtained on 08/20/02. The study revealed a 1-2 millimeter annular bulge at C4-5, C5-6 and C6-7 with narrowing of the subarachnoid space with no cord or neuroforamin compromise. Electrodiagnostic studies were done and reported evidence of bilateral C8-T1 radiculopathy and a previous left median nerve injury. The Patient subsequently received a series of three cervical epidural steroid injections with minimal temporary relief.

Treatment then focused on The Patient's lumbar spine symptoms and he underwent posterolateral fusion at L4-S1 on 04/15/04. On 08/02/04, The Patient was assigned a whole body impairment rating of 32 percent. Clinical findings noted cervical range of motion restricted in right and left lateral flexion and extension and The Patient continued with episodic headaches.

A repeat cervical MRI was done on 10/06/04 due to persistent neck pain and headaches. The results showed mild degenerative disc disease at C4-5 through C6-7. The intervertebral foramina were widely patent at all levels. Mild central disc protrusions were noted at C4-5 and C6-7 and at level C5-6 there was mild generalized bulge of the posterior disc margin with superimposed left paracentral disc protrusion. The treating physician requested a cervical discogram which was not authorized.

The Patient continued with chronic neck pain which extended into the posterior aspect of the right arm to just above the elbow. An independent medical evaluation was

performed on 05/15/05. Cervical range of motion remained decreased with no evidence of paracervical muscle spasm. Motor muscle testing was normal and there was no evidence of dermatomal sensory deficit. The Patient was declared to be at maximum medical improvement. The current request was for a cervical MRI without contrast.

DISPUTED SERVICE(S)

Under dispute is prospective and/or concurrent medical necessity of Cervical MRI without contrast.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend the proposed cervical MRI as being medically necessary. The Patient has had several previous MRIs of the cervical area and there is no evidence of any change in The Patient's condition or physical examination findings that would warrant a new MRI. In addition he was found to be at maximum medical improvement in August 2004 and again in May 2005. There has been no change in his condition since that time. The Reviewer cannot recommend the proposed MRI as being medically necessary.

Screening Criteria

1. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literature and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: _____

American Home Assurance Co/Specialty Risk

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Fax: 817-878-2600

Glen T. Garlenton

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Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). 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. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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

I hereby certify, in accordance with DWC 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 DWC via facsimile, U.S. Postal Service or both on this 26th day of October, 2005.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer