

October 7, 2004

ROSALINDA /GAIL ANDERSON
TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0103-01
CLIENT TRACKING NUMBER: M2-05-0103-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC 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 TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, dated 09/24/04
- Texas Workers' Compensation Commission Form, dated 09/24/04
- Medical Dispute Resolution Request/Response, dated 09/14/04
- Letter from Intracorp, dated 08/30/04
- Fax Cover Sheet, dated 06/25/04
- Letter from Intracorp, dated 06/30/04

Records Received from Dr. B, DC:

- Exam Notes, dated 03/22/02-09/09/04

- History and Physical, dated 03/19/02
- Exam Notes from Dr. W, dated 04/04/02–05/13/04
- Progress Notes, dated 09/17/03–10/29/03
- Neuromuscular Institute of Texas Counseling Evaluation and Treatment Plan, dated 08/28/03
- Narrative Summary, dated 03/26/02
- Electrodiagnostic Report, dated 05/13/03
- Nerve Conduction Velocities (Upper Extremities), undated
- Pain Management History and Physical, dated 04/06/02
- Psychophysiological Stress Profile and Biofeedback Treatment Plan, dated 11/10/03
- Exam Notes, dated 08/16/02–04/28/03
- Patient Information, dated 03/13/03
- Large Extremity Range of Motion Exam, dated 03/13/03
- Patient Information, dated 12/23/02
- Functional Capacity Evaluation Summary, dated 12/23/02
- Patient Information, dated 03/22/02
- Spinal Range of Motion Exam, dated 03/22/02
- Computerized Muscle Testing Exam, dated 03/22/02
- Lift Task Exam, dated 03/22/02
- Grip Exam, dated 03/22/02
- Pinch Exam, dated 03/22/02

Records from Respondent:

- Letter from ESIS to Medical Review Institute of America, dated 09/29/04
- Texas Workers' Compensation Commission Form, dated 09/24/04
- Texas Workers' Compensation Commission Form, dated 09/16/04
- Medical Dispute Resolution Request/Response, dated 09/14/04
- TWCC 60a/b Addendum, Carrier Representative Response to MDR, dated 09/17/04
- Letter from Intracorp to Dr. B, MD, dated 08/30/04
- Letter from Intracorp to Dr. B, MD dated 06/30/04
- TWCC–69 Report of Medical Evaluation, undated
- Report of Designated Doctor Evaluation and Impairment Rating from Dr. S, dated 07/13/04
- Independent Medical Evaluation, dated 05/30/02
- Report of Designated Doctor Evaluation and Impairment Rating from Dr. S, dated 02/19/04
- Letter from Dr. E, dated 12/11/03
- Intracorp Workers' Compensation Nurse's Chronological List of Submitted Records, dated 05/13/04
- Intracorp Workers' Compensation Chiropractic Advisor Review, dated 02/17/03
- Letter from Dr. F, DC, CCN, DACBN. ABQAURP, CICE, dated 02/11/03
- Intracorp Workers' Compensation Chiropractic Advisor Review, dated 10/16/02
- Letter from Timothy F, DC, CCN, DACBN. ABQAURP, CICE, dated 10/12/02
- Intracorp Workers' Compensation Physician Advisor Review, dated 05/09/02
- Intracorp Workers' Compensation Physician Advisor Review, dated 05/09/02
- Texas Workers Status Report, dated 09/09/04
- Exam Notes, dated 08/10/04
- Texas Workers Status Report, dated 08/10/04

- Exam Notes, dated 06/16/04
- Texas Workers Status Report, dated 06/16/04
- Exam Notes, dated 05/13/04
- Exam Notes, dated 05/11/04
- Texas Workers Status Report, dated 05/11/04
- Exam Notes, dated 04/06/04
- Texas Workers Status Report, dated 04/06/04
- Texas Workers Status Report, dated 04/06/04
- Exam Notes, dated 03/03/04
- Exam Notes, dated 02/26/04
- Texas Workers Status Report, dated 02/23/04
- Exam Notes, dated 02/23/04
- Texas Workers Status Report, undated
- Exam Notes, dated 01/08/04
- Texas Workers Status Report, dated 01/23/04
- Exam Notes, dated 12/23/03
- Exam Notes, dated 11/24/03
- Psychophysiological Stress Profile and Biofeedback Treatment Plan, dated 11/10/03
- Texas Workers Status Report, dated 11/24/03
- Progress Notes, dated 10/29/03
- Exam Notes, dated 10/22/03
- Texas Workers Status Report, dated 10/22/03
- Exam Notes, dated 10/16/03
- Progress Notes, dated 10/01/03–10/15/03
- Texas Workers Status Report, dated 09/23/03
- Progress Notes, dated 09/17/03–09/23/03
- Counseling Evaluation and Treatment Plan, dated 08/28/03
- Pain Patient Profile, undated
- Texas Workers Status Report, dated 08/22/03
- Exam Notes, dated 08/22/03
- Operative Report, dated 08/05/03
- Anesthesia Record, dated 08/05/03
- Texas Workers Status Report, dated 07/23/03
- Exam Notes, dated 07/23/03
- Exam Notes, dated 06/27/03
- Texas Workers Status Report, dated 06/27/03
- Texas Workers Status Report, dated 05/28/03
- Exam Notes, dated 05/28/03
- Exam Notes, dated 05/15/03
- Electrodiagnostic Report, dated 05/13/03
- Texas Workers Status Report, dated 05/07/03
- Exam Notes, dated 04/07/03–05/07/03
- Texas Workers Status Report, dated 04/02/03
- Exam Notes, dated 03/20/03–04/02/03
- Texas Workers Status Report, dated 03/05/03
- Exam Notes, dated 02/06/03–03/05/03
- Texas Workers Status Report, dated 01/30/03

- Exam Notes, dated 01/30/03
- Texas Workers Status Report, dated 12/30/02
- Exam Notes, dated 12/12/02–12/30/02
- Texas Workers Status Report, dated 12/10/02
- Exam Notes, dated 11/14/02–12/10/02
- Texas Workers Status Report, dated 11/01/02
- Exam Notes, dated 11/01/02
- Texas Workers Status Report, dated 10/02/02
- Operative Report, dated 09/18/02
- Pre-Anesthesia Evaluation, dated 09/18/02
- Anesthesia Record, dated 09/18/02
- Texas Workers Status Report, dated 09/11/02
- Exam Notes, dated 08/16/02–09/11/02
- Texas Workers Status Report, dated 08/06/02
- Exam Notes, dated 07/29/02–08/06/02
- Texas Workers Status Report, dated 07/08/02
- Exam Notes, dated 07/01/02–07/08/02
- Operative Report, dated 06/18/02
- Texas Workers Status Report, dated 06/11/02
- Exam Notes, dated 06/11/02–05/30/02
- Texas Workers Status Report, dated 05/23/02
- Exam Notes, dated 05/23/02
- Texas Workers Status Report, dated 04/23/02
- Exam Notes, dated 04/02/02–04/23/02
- San Antonio Diagnostic Imaging, Inc. Reports, dated 03/27/02
- Narrative Summary, dated 03/26/02
- Neuromuscular Institute of Texas Notes, dated 03/22/02
- Spinal Range of Motion Exam, dated 03/22/02
- Large Extremity Range of Motion Exam, dated 03/22/02
- Hand Range of Motion Exam, dated 03/22/02
- Computerized Muscle Testing Exam, dated 03/22/02
- Lift Task Exam, dated 03/22/02
- Grip Exam, dated 03/22/02
- Pinch Exam, dated 03/22/02
- Texas Workers Status Report, dated 03/22/02
- Exam Notes, dated 03/19/02–03/22/02
- Texas Workers Status Report, dated 03/19/02
- Excusal from Work, dated 03/05/02
- Radiology Reports, dated 02/07/02
- Letter from Dr. R, dated 01/24/02
- Letter from Dr. R, dated 01/29/02
- Letter from Dr. R, dated 09/25/01
- Report of Medical Evaluation, dated 09/25/01

- Letter from Dr. R, dated 08/16/01
- Letter from Dr. R, dated 07/19/01
- Daily Treatment Logs, dated 10/17/03–10/22/03
- OT Re-evaluation, dated 10/17/03
- Daily Treatment Logs, dated 12/06/02–10/15/03
- OT Re-evaluation, dated 11/26/02
- Daily Treatment Logs, dated 07/18/02–11/20/02
- OT Initial Evaluation, dated 07/16/02
- Daily Treatment Logs, dated 03/22/02–05/20/02

Summary of Treatment/Case History:

The patient underwent extensive physical medicine treatments and multiple surgeries after sustaining injury to her upper extremities at work on ____.

Questions for Review:

1. Please advise medical necessity of repeat bilateral upper extremities EMG/NCV.

Explanation of Findings:

Question 1: Please advise medical necessity of repeat bilateral upper extremities EMG/NCV.

No. After performing an EMG/NCV on 05/13/03, the examining doctor stated, "...it looks like she may have a cervical lesion..." and "All her pathology may be coming from her cervical spine." The treating doctor on 05/28/03 concurred with examining doctor's findings by stating, "...he found that she had an acute B [bilateral] cervical radiculopathy" and "the neck condition may be something that needs to be addressed first."

Several randomized studies have proven the effectiveness of spinal manipulation for patients with cervical spine symptoms and conditions. Instead of addressing this patient's acknowledged – and documented – condition with a proper regimen of spinal manipulation (whether compensable or not), the treating doctor continued the same unsuccessful treatment (26 additional visits from 08/22/03 to 10/22/03) that had been previously performed and predictably, the patient failed to improve.

Since appropriate treatment for the cervical spine condition was not documented as having been performed, there is no support for the medical necessity of repeating the EMG/NCV nor any basis on which to expect a different result. It is therefore not indicated or medically necessary.

Conclusion/Decision to Not Certify:

Do not certify as medically necessary. However, the patient apparently has continued numbness, weakness and new atrophy in both of her hands. A recent cervical MRI reportedly did not show any disc herniations. So, the 05/03 EMG/NCV results are questionable. It may be prudent for this patient to be seen by a neurologist.

References Used in Support of Decision:

Hurwitz EL, Morgenstern H, Harber P, Kominski GF, Yu F, Adams AH. A randomized trial of chiropractic manipulation and mobilization for patients with neck pain: clinical outcomes from the UCLA neck-pain study. Am J Public Health. 2002 Oct;92(10):1634-41.

Hoving JL, Koes BW, de Vet HC, van der Windt DA, Assendelft WJ, van Mameren H, Deville WL, Pool JJ, Scholten RJ, Bouter LM. Manual therapy, physical therapy, or continued care by a general practitioner for patients with neck pain. A randomized, controlled trial. Ann Intern Med. 2002 May 21;136(10):713-22.

Gross AR, Hoving JL, Haines TA, Goldsmith CH, Kay T, Aker P, Bronfort G, Cervical overview group. Manipulation and Mobilisation for Mechanical Neck Disorders. Cochrane Database Syst Rev. 2004;1:CD004249.

This review was provided by a Chiropractor who is certified by the National Board of Chiropractic Examiners. This reviewer is a member of the American Chiropractic Association, the National Chiropractic Legal Action Fund and the Federation of State Medical Boards. This reviewer has written numerous publications and given several presentations within their field of specialty. This reviewer has been in active practice since 1977.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

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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