

November 3, 2004

ROSALINDA LOPEZ  
TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:  
EMPLOYEE:  
POLICY: M2-05-0225-01  
CLIENT TRACKING NUMBER: M2-05-0225-01

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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 10/14/04
- Texas Workers' Compensation Commission Form, dated 10/14/04
- Medical Dispute Resolution Request/Response, undated
- Letter from Crawford and Company to \_\_\_\_, dated 08/24/04
- Letter from Crawford and Company to \_\_\_\_, dated 09/05/04
- Notification of IRO Assignment, dated 10/14/04
- Texas Workers' Compensation Commission Form, dated 10/14/04
- Medical Dispute Resolution Request/Response, undated
- Letter from Crawford and Company to \_\_\_\_, dated 08/24/04
- Letter from Crawford and Company to \_\_\_\_, dated 09/05/04
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**Records Received from Dr. Q:**

- Medical Records Request Form, dated 10/28/04
- Progress Notes, dated 07/21/04
- Progress Notes, dated 07/02/04–07/20/04
- Progress Notes, dated 01/27/04
- Operative Report, dated 12/51/03
- History and Physical, dated 11/18/03
- Consultation Report, dated 12/15/03

**Records Received from Crawford and Company:**

- Letter from Crawford and Company to \_\_\_\_, dated 08/17/04
- Letter from Crawford and Company to \_\_\_\_, dated 08/24/04
- Copy of Check
- Medical Records Request Form, dated 10/28/04
- Progress Notes, dated 07/21/04
- Progress Notes, dated 07/02/04–07/20/04
- Progress Notes, dated 01/27/04
- Operative Report, dated 12/51/03
- History and Physical, dated 11/18/03
- Consultation Report, dated 12/15/03

**Summary of Treatment/Case History:**

The claimant is a 41-year-old gentleman who allegedly suffered a workplace injury on \_\_\_\_\_. Subsequently he developed low back pain, greater on the left, which radiates to the left foot, with tingling in the left foot. Physical exam reveals pain to the left buttock and posterior thigh on straight leg raising to 45 degrees. Neurological exam is normal. An MRI showed a L5–S1 posterior central bulge. Physical therapy was tried but did not help. An epidural steroid injection at L5–S1 on 12/15/03 helped for only 2–3 days.

**Questions for Review:**

1. Please advise medical necessity of the proposed injection anesthesia agent; other peripheral nerve branch, regarding the above mentioned injured worker.

**Explanation of Findings:**

Question 1: Please advise medical necessity of the proposed injection anesthesia agent; other peripheral nerve branch, regarding the above mentioned injured worker.

It is inferred that the requested procedure is a selective block of the left S1 nerve root. The claimant clearly has a left radiculopathy, which could be of the S1 nerve root. The interlaminar epidural steroid injections done previously might well not have affected the S1 nerve root. The proposed procedure would seem to be a reasonable diagnostic maneuver to attempt to confirm a left S1 radiculopathy. Assuming that depot steroid is included along with a local anesthetic, it might even prove therapeutic.

**Conclusion/Decision to Certify:**

Certify one left S1 selective nerve root block.

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

Appropriate selection criteria for lumbar epidural steroid injections are:

- 1) Acute radiculopathy evidenced by pain radiating below the knee in a dermatomal distribution of one or more of the lumbar dermatomes, and
- 2) Reproduction of the radiating pain by straight leg raising to 70 degrees or less, or
- 3) Reproducible neurological abnormalities such as dermatomal sensory diminution or myotomal motor weakness on the side of the pain, or
- 4) Electrophysiological findings consistent with lumbar radiculopathy.
- 5) Any previous epidural steroid injections have provided significant and progressive improvement in the pain.

**References Used in Support of Decision:**

Gajraj (2004). Selective nerve root blocks for low back pain and radiculopathy. Reg Anesth Pain Med 29:243-56.

Lutz, et al. (1998). Fluoroscopic transforaminal lumbar epidural steroids: an outcome study. Arch Phys Med Rehabil 79:1362-6.

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The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

MRIOA 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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