

November 16, 2004

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

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0302-01

CLIENT TRACKING NUMBER: M2-05-0302-01 / 5278

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 from state:

- TWCC Notification of IRO Assignment, dated 11/2/04 - 7 pages

Records from insurance company and treating provider:

- Letter to MRIOA from ___ (Law Offices of Jeffrey M. Lust), dated 11/10/04 - 1 page
- Operative reports by Dr. H, MD, dated 6/27/02, 11/13/01, 1/30/01, 11/7/00, 8/8/00, 12/14/99, 10/28/99, 6/24/99, 5/20/99, 4/13/99 - 23 pages
- Progress notes by Dr. H, dated 5/6/02, 2/22/02, 10/17/01, 10/8/01, 9/17/01, 7/16/01, 3/19/01, 2/8/01, 2/5/01, 12/8/00, 11/13/00, 8/28/00, 7/24/00, 7/19/00, 1/26/00, 1/10/00, 11/15/99, 10/18/99, 7/28/99, 6/16/99, 5/5/99, 4/5/99 - 23 pages
- Office notes by Dr. W, MD, dated 3/25/02, 12/12/01, 10/17/01, 9/12/01, 6/20/01, 4/25/01, 2/27/01, 10/9/00, 5/10/00, 1/10/00, 12/10/99, 11/3/99, 10/4/99, 9/1/99 - 18 pages
- Appeal Approval Determination Notification to Dr. H from ___ (RSKCo), dated 6/11/02 - 1 page
- Peer Review Analysis by Dr. A, MD including fax coversheet and fax confirmation, dated 6/10/02 - 4 pages
- Core/Peer Review Analysis Referral Form, dated 6/3 - 1 page
- Non-Certification Notification to Pain Management Associates from ____, dated 4/10/02 - 1 page

- Peer Review Analysis by Dr. G, DO including fax coversheet and fax confirmation, dated 4/9/02 - 4 pages
- Core/Peer Review Analysis Referral Form, dated 4/5 - 1 page
- Printscreen entitled RB-Rehabilitation with written information, dated 4/4 - 1 page
- Draft- First Level Review, dated 8/22/01 - 1 page
- Facsimile Cover Letter to Precert from ___ (Pain Management Associates), including Insurance Preauthorization form and office note (dated 3/25/02), dated 4/4/02 - 3 pages
- TWCC-69 Report of Medical Evaluation - 1 page
- Impairment Rating Report coverletter by Dr. W, MD, dated 2/25/02 - 1 page
- Impairment Rating Summary by Dr. W, MD, dated 2/25/02 - 3 pages
- Guides to the Evaluation of Permanent Impairment, dated 2/25/02 - 1 page
- Office notes by Dr. I, MD, dated 12/20/01 - 1 page
- C-arm views of the C-spine by Dr. T, MD, dated 11/13/01 - 1 page
- Letter to ___ from ___, LPN (Crawford & Co.), dated 10/10/01 - 2 pages
- CT of the Lumbar Spine by Dr. L, MD, dated 10/31/01 - 1 page
- Prescriptions for Oxycontin 80 mg by Dr. H, dated 10/17/01, 9/17/01 - 2 page
- Fax coversheet to ___from ___(transmittal date 10/10/01) - 1 page
- Letter to Dr. W from ___ (CNA), dated 8/1/01 - 1 page
- Report of Medical Evaluation, dated 8/10/01 - 1 page
- Fax coversheet to ___ from ___ (transmittal date 8/1/01) - 1 page
- Letter to ___ from ___, RN (Crawford & Co.), dated 7/30/01 - 2 pages
- Cervical spine, 2 views, dated 7/16/01 - 1 page
- Letter to ___ from ___, RN (Crawford & Co.), dated 4/3/01 - 2 pages
- Intraoperative cervical spine, dated 1/30/01 - 1 page
- Letter to ___ from ___, RN (Crawford & Co.), dated 10/5/00 - 2 pages
- Letter to ___ from ___, RN (Crawford & Co.), dated 7/26/00 - 1 page
- Fax coversheet to Utilization Review/Request for precert from ___ (Pain Management Services) including progress note (dated 7/24/00), dated 7/25/00 - 2 pages
- Operative report by Dr. W, MD, dated 4/27/00 - 3 pages
- Operative report by Dr. H, MD, dated 4/27/00 - 2 pages
- St. Mary of the Plains Hospital Anesthesia Record, dated 4/27/00 - 1 page
- MRI Cervical Spine w/contrast (corrected report) by Dr. W, DO, dated 12/14/99 - 1 page
- Letter to Dr. W from ___ (CNA), dated 12/13/99 - 1 page
- Peer Review Analysis by Dr. Z, MD, dated 12/9/99 - 2 pages
- Core/Peer Review Analysis Referral Form, dated 12/7/99 - 1 page
- Fax coversheet to precert/___ from ___ (Pain Management), dated 12/7/99 - 1 page
- Letter to Dr. W from ___, RN (CNA), dated 10/21/99 - 1 page
- Fax coversheet to __ from ___(Pain Management), dated 10/19/99 - 1 page
- MRI of Lumbar Spine, dated 9/10/99 - 1 page
- Nerve Conduction Study/Electromyography (NCS/EMG) by Dr. B, MD, dated 8/11/99 - 3 pages
- Exam by Dr. E, MD, dated 7/16/99 - 2 pages
- Letter to Dr. N from ___, RN (CNA), dated 6/23/99 - 1 page

- Fax coversheet to ___ from ___ (Pain Management), dated 6/16/99 - 1 page
- Letter to Dr. N from ____, RN (CNA), dated 5/14/99 - 1 page
- Fax coversheet to ___ from ___ (Pain Management), dated 5/13/99 - 1 page
- Registration Information - 1 page
- Letter to Dr. Harry N from ____, RN (CNA), dated 4/8/99 - 1 page
- Fax coversheet to ___ from ___ (Pain Management), dated 4/6/99 - 1 page
- Preauthorization Request Form, dated 4/6/99 - 1 page
- Records by Dr. N, MD, dated 3/5/99, 2/8/99 - 2 pages
- Nerve Conduction Study/Electromyography (NCS/EMG) by Dr. O, DO, dated 3/8/99 - 2 pages
- MRI of the Cervical Spine, dated 2/8/99 - 1 page
- Specific and Subsequent Medical Report, dated 3/5/99 - 1 page
- Notes from Hobbs Orthopaedic and Sports Therapy by ____, PT, dated 3/5/99, 3/3/99, 3/1/99, 2/26/99, 2/24/99, 2/15/99 - 9 pages
- Fax coversheet to ___ from ___ (Texas Tech Univ) including MRI report (dated 2/8/99) and T-Spine report (dated 2/8/99), dated 2/18/99 - 4 pages
- Work Activity Status Report, dated 3/5/99 - 1 page
- Duplicates - 15 pages

Summary of Treatment/Case History:

The claimant is a 48 year old gentleman who allegedly suffered a workplace injury on _____. He subsequently underwent a C4-7 fusions and implantation of a cervical spinal cord stimulator. Despite this treatment, his pain control has apparently been generally unsatisfactory and he has continued to require oral opioids and has undergone several revisions of the stimulator electrodes as well as one cervical epidural steroid injection, which apparently provided temporary benefit. There is no further medical care reflected in the submitted medical record after the lumbar epidural steroid injection on 6/27/02 and no indication of the reasons for a second cervical epidural steroid injection.

Questions for Review:

1. Please address prospective medical necessity of the proposed C2-3 cervical ESI under fluoroscopy and IV sedation, regarding the above mentioned injured worker.

Explanation of Findings:

Question 1: Please address prospective medical necessity of the proposed C2-3 cervical ESI under fluoroscopy and IV sedation, regarding the above mentioned injured worker.

The submitted medical record contains no clinical information subsequent to a procedure note on 6/27/02. It is impossible to know the claimant's current medical status and to opine on the medical necessity of the requested procedure without more recent relevant information such as physical examination, progress and procedure notes and results of imaging studies. Given the poor quality of evidence of efficacy of cervical epidural steroid injections and the substantial risk of serious complications attendant to cervical epidural steroid injections, good cause must exist to consider this therapy.

Conclusion/Decision to Not Certify:

It is not possible to recommend certification of the requested procedure without more recent clinical information.

References Used in Support of Decision:

Botwin, et al. (2003). Complications of fluoroscopically guided interlaminar cervical epidural injections. Arch Phys Med Rehabil 84:627-33.

Hodges, et al. (1998). Cervical epidural steroid injection with intrinsic spinal cord damage. Two case reports. Spine 23:2137-42; discussion 2141-2.

Ellenberg, et al. (1994). Cervical radiculopathy. Arch Phys Med Rehabil 75:342-52.

Stav, et al. (1993). Cervical epidural steroid injection for cervicobrachialgia. Acta Anaesthesiol Scand 37:562-6.

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 MRloA 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 MRloA 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 MRloA 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 MRloA 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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cc: ___; American Casualty Company of Reading PA