

January 18, 2005

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

CLAIMANT:  
EMPLOYEE:  
POLICY: M2-05-0472-01  
CLIENT TRACKING NUMBER: M2-05-0472-01 5278

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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 from the State:

Notification of IRO assignment dated 12/6/04, 1 page

Letter from TWCC dated 11/24/04, 1 page

Medical dispute resolution request/response, date stamp for receipt from respondent 11/29/04, 2 pages

Notice of pre-authorization dated 10/19/04, 2 pages

Notice of pre-authorization dated 10/29/04, 1 page

TWCC memorandum dated 12/16/04, 1 page

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Records from Walter Paullus, MD:

Prospective review (M2) information request from MRloA dated 12/7/04, 1 page  
Medical dispute resolution request/response, date stamp for receipt from respondent 11/29/04, 3 pages  
Notice of pre-authorization dated 10/19/04, 2 pages  
Notice of pre-authorization dated 10/29/04, 1 page  
Operative note dated 3/20/02, 3 pages  
MRI of lumbar spine report dated 8/7/03, 2 pages  
Radiology report dated 8/13/03, 1 page  
Office report dated 9/24/03, 2 pages  
Lumbar spine imaging report dated 9/24/03, 1 page  
Thoracic spine imaging report dated 9/24/03, 1 page  
MRI thoracic spine report dated 10/1/03, 1 page  
Office note dated 10/17/03, 1 page  
Chest radiology report dated 11/7/03, 1 page  
History and physical dated 11/12/03, 2 pages  
Procedure note dated 11/24/03, 2 pages  
Procedure note dated 11/24/03, 2 pages  
History and physical dated 11/24/03, 1 page  
Office note dated 12/2/03, 1 page  
Office note dated 3/5/04, 1 page  
Office note dated 1/2/04, 1 page  
MRI thoracic spine report dated 3/19/04, 1 page  
Office note dated 3/25/04, 1 page  
Office note dated 4/8/04, 1 page  
Discharge summary dated 5/27/04, 1 page  
Operative note dated 5/24/04, 2 pages  
Operative note dated 5/24/04, 1 page  
Chest radiology report dated 5/20/04, 1 page  
T-spine radiology report dated 5/24/04, 1 page  
T-spine radiology report dated 5/24/04, 1 page  
Fluoro Phy Asst report dated 5/24/04, 1 page  
Office note dated 6/4/04, 1 page  
Office note dated 7/9/04, 1 page  
X-ray spine report dated 7/9/04, 1 page  
Office note dated 10/7/04, 1 page

Records from Douglas Albracht, MD:

Prospective review (M2) information request from MRloA dated 12/7/04, 1 page  
SOAP note dated 8/6/03, 1 page  
Letter from John V. Fundis dated 12/2/04, 1 page  
SOAP note dated 8/15/03, 1 page  
Letter from John V. Fundis dated 12/13/04, 1 page

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**Summary of Treatment/Case History:**

The claimant is a 47 year old male who is status post L4–S1 fusion for recurrent disc herniation on \_\_\_\_.

He twisted his lower back on \_\_\_ and suffered low back pain and left lower extremity numbness. He saw Dr. Albracht on 8/6/03 and 8/15/03. Dr. Albracht noted decreased sensation of the Left lower leg. The 8/7/03 MRI noted a large posterior disc at L5–S1 and a bulging disc at T11–12.

Dr. Paullus noted the MRI findings on 9/24/03, and a subsequent thoracic spine MRI of 10/1/03 noted compressive right paracentral disc herniation at T8–9 and disc herniation at T11–12.

On 11/24/03, a T8–9 and T11–12 discectomy was performed.

Because of thoracic complaints, a thoracic MRI was performed on 3/19/04 and noted compressive central/Left paracentral disc herniation of T8–9 and T11–12, but with contrast there were no findings of canal stenosis and no significant intradural findings.

On 5/24/04 Dr. Paullus performed a decompressive laminectomy of T11 and interbody fusion of T11–12.

On 10/7/04 Dr. Paullus stated that the x-rays showed excellent fusion.

**Questions for Review:**

Please address prospective medical necessity of a proposed thoracic MRI with and without contrast, regarding the above–mentioned injury worker.

**Explanation of Findings:**

There is no medical necessity for a repeat thoracic MRI with or without contrast. There is no current physical examination in the records provided. Specifically, there is no current range of motion testing, motor strength testing, or neurologic evaluation. The recent x-rays showed excellent fusion at T11–12, an unusual region to fuse and, with a reasonable degree of medical probability and certainty, the thoracic region was not injured during the compensable injury of \_\_\_\_\_. There were no thoracic region complaints on 8/6/03 or 8/15/03, and the MRI thoracic findings were merely incidental. The MRI of the thoracic region on 10/1/04 demonstrated no compressive pathology. Certainly, Dr. Paullus is not considering further thoracic region operative intervention and therefore, no further diagnostic testing would be reasonable or necessary. The claimant has had no change in his neuropathic pain, and an MRI would not be required for clinical decision making at this time.

**Conclusion/Decision to Not Certify:**

There is no medical necessity for a repeat thoracic MRI with or without contrast.

**References Used in Support of Decision:**

Clinical evidence

Campbell's Operative Orthopedics

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The physician providing this review is board certified in Orthopedic Surgery. The reviewer also holds additional certifications from the National Board of Medical Examiners, the American Board of Orthopedic Surgery and their state Workers Compensation Commission. Professional Society memberships include the American Society for Laser Medicine and Surgery and the American College of Sports Medicine. The reviewer currently serves as an instructor in the department of surgery, division of orthopedics at a major medical teaching institution as well as participating in private practice. The reviewer has been in active practice since 1975.

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 received by 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.

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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: Responder and Requestant