

December 22, 2004

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0507-01
CLIENT TRACKING NUMBER: M2-05-0507-01/5278

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 TWCC:

1. Notification of IRO assignment 12/8/04 - 10 pages

Records from the requestor:

2. Return Visit Notes 12/7/04, 10/22/04, 8/31/04, 8/10/04, 7/13/04 - 15 pages
3. Operative Report 8/18/04, 8/11/04 - 2 pages
4. Cervical spine MRI report 10/21/03 - 2 pages

Records from respondent:

5. Medical Dispute Resolution Request/Response - 4 pages
6. Forte Notice of Utilization Review Findings 11/8/04, 11/16/04, 3/26/04 - 9 pages

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7. Employers First Report of Injury or Illness 10/20/03 – 1 page
8. Behavioral Assessment Note 8/4/04 – 6 pages
9. Daily Treatment Logs 10/1/04, 9/29/04 – 2 pages
10. Chiropractic follow-up notes 10/1/04, 9/1/04, 8/18/04 – 6 pages
11. IME report 10/1/04 – 10 pages
12. Return Visit Notes 8/10/04 – 3 pages
13. Range of Motion Exam 7/7/04, 12/19/03 – 31 pages
14. Initial Consultation note 7/13/04 – 3 pages
15. Initial W/C consultation 7/16/04 – 2 pages
16. MRI lumbar spine report 6/29/04 – 1 page
17. Daily Progress Notes 6/28/04, 7/28/04, 7/6/04, 7/9/04, 7/29/04, 7/12/04, 7/14/04 – 7 pages
18. TWCC provider questionnaire 7/2/04 – 2 pages
19. TWCC Report of Medical Evaluation 7/9/04 – 1 page
20. DDE Examination 6/3/04 – 6 pages
21. TWCC Work Status Report 4/15/04 – 1 page
22. Handwritten note – 1 page
23. Letter of Explanation from chiropractor 1/29/04 – 1 page
24. Neurosurgeon's note 12/24/03 – 1 page
25. X-ray lumbar spine 10/20/03 – 1 page
26. Duplicates – 3 pages

Summary of Treatment/Case History:

The patient is a 39 year old gentleman who allegedly was injured in a work-related motor vehicle accident on _____. Subsequently he developed shoulder, neck, wrist, knee and low back pain. He has been treated with physical therapy and cervical epidural steroid injections.

Questions for Review:

1. Please address prospective medical necessity of the proposed lumbar epidural steroid injection, regarding the above-mentioned injured worker.

Explanation of Findings:

1. Please address prospective medical necessity of the proposed lumbar epidural steroid injection, regarding the above-mentioned injured worker.

According to the submitted medical record, the patient does not satisfy the selection criteria for a lumbar epidural steroid injection, listed below. He does not apparently have pain which radiates below the knee; no straight leg raising test, neurological abnormalities or EMG/NCV finding are reported. Therefore, the proposed lumbar epidural steroid injection is not medically necessary.

Conclusion/Decision to Not Certify:

The proposed lumbar epidural steroid injection is not medically necessary.

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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:

Papagelopoulos, et al. (2001). Treatment of lumbosacral radicular pain with epidural steroid injections. Orthopedics 24:145-9.

Buchner, et al. (2000). Epidural corticosteroid injection in the conservative management of sciatica. Clin Orthop 149-56.

Abram (1999). Treatment of lumbosacral radiculopathy with epidural steroids. Anesthesiology 91:1937-41.

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.

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.

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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: Shahid Rashid, MD; TX Dept of Transportation