

January 6, 2005

TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0544-01

CLIENT TRACKING NUMBER: M2-05-0544-01/5278

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.

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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 12/22/04, 1 page

Letter from TWCC dated 12/22/04, 1 page

Medical dispute resolution request/response, date received 12/6/04, 3 pages

Letter from Dr. Weigel dated 10/25/04, 2 pages

Letter from Dr. Rosenstein dated 11/4/04, 1 page

Letter from Dr. Sedighi dated 11/11/04, 2 pages

Records from Flahive Ogden & Latson:

Letter from Scott D. Bouton dated 12/27/04, 2 pages

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Letter from Ronald M. Johnson dated 12/16/04, 2 pages

Medical dispute resolution request/response, date received 12/6/04, 3 pages

Letter from Dr. Weigel dated 10/25/04, 2 pages

Letter from Dr. Sedighi dated 11/11/04, 2 pages

Records from North Texas Neurological:

History, physical and neurological examination dated 10/12/04, 3 pages

Medical conference note dated 10/28/05 (the year of 2005 appears to be a typo), 1 page

Medical conference note dated 11/11/04, 1 page

Followup report dated 11/16/04, 2 pages

**Summary of Treatment/Case History:**

The patient experienced a back injury on \_\_\_\_\_. She underwent a L5-S1 fusion in 2/03. She continues to have pain in her low back and lower extremities. Her diagnoses include rule out pseudoarthrosis of the lumbar spine, rule out arachnoiditis, rule out nerve root impingement, right greater than left lumbar radiculopathy and right S1 radiculopathy by EMG.

The history of treatment includes fusion, physical therapy, and medication for pain with no relief.

**Questions for Review:**

Please address prospective medical necessity of the proposed lumbar myelogram/CT scan, regarding the above mentioned injured worker.

**Explanation of Findings:**

The patient has severe pain in the low back and lower extremities that is not responding to ongoing therapy, including fusion. Range of motion in the lumbar spine is limited. Straight leg raise test is positive at 40 degrees bilaterally; there is hypesthesia in the left S1 dermatome.

**Conclusion/Decision to Certify:**

The only way to diagnose nerve root impingement and/or arachnoiditis is with myelogram followed by a CT scan. The information submitted justifies necessity for the patient to have a lumbar myelogram followed by CAT scan, as EMG and physical evidence show there may be nerve root impingement or compression. The requested study is medically necessary to guide treatment.

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

Essentials of Clinical Neurology; Neurodiagnostic Studies. Chapter 2 Indications and Interpretations of Myelogram and MRI and CT of the Lumbar Spine.

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**References Used in Support of Decision:**

See above: Essentials of Clinical Neurology and Spine, Inc. Indications for Myelogram.

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The specialist providing this review is board certified in Neurosurgery. The reviewer has served as the chief Neurosurgeon at several VA Hospitals throughout the country. The reviewer is a member of the American Medical Association, the American College of Surgeons, the American Paraplegia Society, Congress of Neurological Surgeons and the American Association of Neurosurgeons. The Reviewer has served as an association professor, assistant professor and clinical instructor at the university level. The reviewer also has publishing, presentation and research experience within their specialty. The reviewer has been in active practice for over 20 years.

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

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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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