

March 4, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0709-01
CLIENT TRACKING NUMBER: M2-05-0709-01

AMENDED REVIEW OF FEBUARY 17, 2005

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 1/25/05, 2 pages

TWCC-60 dated 1/25/05, 3 pages

Letter addressed to Pisharodi Madhavan MD dated 11/24/04, 1 page

Letter addressed to Pisharodi Madhavan MD dated 11/9/04, 1 page

Duplicate copy of letter addressed to Pisharodi Madhavan MD dated 11/24/04, 1 page

Duplicate copy of letter addressed to Pisharodi Madhavan MD dated 11/9/04, 1 page

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RECORDS RECEIVED FROM FLAHIVE, OGDEN & LATSON:

Letter addressed to MRloA dated 2/1/05, 2 pages
Letter addressed to TWCC dated 1/19/05, 2 pages
TWCC-60 dated 1/25/05, 3 pages
Fax confirmation report of 1/19/05 letter x2, 2 pages

RECORDS RECEIVED FROM PISHARODI CLINIC:

Fax coversheet from Pisharodi Clinic to MRloA dated 1/27/05, 1 page
Letter from MRloA to American Home Assurance for records/fees dated 1/25/05, 1 page
Letter from Madhavan Pisharodi, MD to Crawford & Co. dated 7/7/04, 1 page
Letter from Madhavan Pisharodi, MD to Crawford & Co. dated 3/29/04, 2 pages
Office note from Metroplex Diagnostics, Natalia Kogan DC, dated 1/29/03, 2 pages
MRI report of the Lumbar Spine dated 12/17/02, 2 pages
Letter from Madhavan Pisharodi, MD requesting pre authorization dated 11/16/04, 1 page
Letter from Madhavan Pisharodi, MD requesting pre authorization dated 11/2/04, 1 page

Summary of Treatment/Case History:

As requested by the Medical Review Institute, I have reviewed records provided on patient Adan Garza with respect to the coverage for a MRI of the lumbar spine and EMG and nerve conduction studies.

Questions for Review:

1. Please address prospective medical necessity of the proposed MR Imag sp canal and contents lumb; w/o contrast matl, regarding the above mentioned injured worker.

AMENDED Question below

2. Please address prospective medical necessity of EMG nerve conduction studies.

Explanation of Findings:

By history, the patient is a 39 year-old male with a history of chronic, incapacitating back pain initially noted on ___ as a result of a work-related accident. A prior MRI of the Lumbar Spine (11/04/02) documented a 2 - 3mm left paramedian disc protrusion at L5S1 impinging the left S1 root, a 1mm L45 broad-based disc bulge and facet arthrosis throughout. Nerve Conduction Studies (01/29/03) documented a bilateral L5 radiculopathy. The patient has continued pain and MRI studies are 27 months old. A MRI of the lumbar spine and EMG nerve conduction studies as ordered are appropriate.

1. Please address prospective medical necessity of the proposed MR image spinal canal and contents lumbar; w/o contrast material, regarding the above mentioned injured worker.

The proposed lumbar MRI of lumbar spine is medically necessary

2. Please address prospective medical necessity of EMG nerve conduction studies.

Yes. The prospective EMG and Nerve Conduction Studies are medically necessary. These studies will either substantiate the level of pathology in the absence of a clear cut imaging study or will support a study that documents specific disease.

Conclusion/Decision to Certify:

The proposed lumbar MRI of lumbar spine and EMG and nerve conduction studies are medically necessary.

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References Used in Support of Decision:

1. Kumar K. Malik S. Demeria D. Treatment of chronic pain with spinal cord stimulation versus alternative therapies: cost-effectiveness analysis. [Clinical Trial. Journal Article] Neurosurgery. 51(1):106-15; discussion 115-6, 2002 Jul.
2. Ljubicic Bistrovic I. Ljubicic D. Ekl D. Penezic L. Mocenic D. Stancic MF. Influence of depression on patient's satisfaction with the outcome of microsurgical "key-hole" vs classical discectomy: prospective matched-cohort study. [Journal Article] Croatian Medical Journal. 43(6):702-6, 2002 Dec.
3. Barolat G. Spinal cord stimulation for chronic pain management. [Review] [36 refs] [Journal Article. Review. Review Literature] Archives of Medical Research. 31(3):258-62, 2000 May-Jun.
4. Silver J. Aspects of failed back syndrome: role of litigation.[comment]. [Comment. Letter] Spinal Cord. 38(6):386; discussion 387, 2000 Jun.
5. McLean AN. Failed back syndrome.[comment]. [Comment. Letter] Spinal Cord. 38(6):386; discussion 387, 2000 Jun.
6. Wing PC. Aspects of failed back syndrome: role of litigation. [Letter] Spinal Cord. 38(6):387, 2000 Jun.

The physician providing this review is board certified in Neurological Surgery. The physician is a member of the American Medical Association, the Congress of Neurological Surgeons, the American Association of Neurological Surgeons, the Society of University Neurosurgeons and the American College of Surgeons. The reviewer has served on the editorial boards for Neurosurgery and Journal of Neurosurgery:Focus. The reviewer has served as a clinical instructor and Assistant Professor of Neurosurgery at the university level. The reviewer is currently an associate professor at the university level. The reviewer has extensive publishing and presentation within their field of specialty. The reviewer has been in active practice since 1986.

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.

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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cc: requestor and respondent