

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0710-01
Name of Patient:	
Name of URA/Payer:	Ace American Insurance Co.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Kent Rice, DC

April 7, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Injured Worker
Arun Lall, MD
Kent Rice, DC
Texas Workers Compensation Commission

RE:

CLINICAL HISTORY

This is a 45-year-old lady who on or about ____ sustained an injury to the lumbar region of the spine. The reported mechanism of injury was bending over and when arising, she had low back pain. She sought care from A. Kent Rice, D.C. who diagnosed soft tissue injuries to the thoracic and lumbar spine. The treatment plan included NSAID and conservative chiropractic modalities. Secondary to ongoing complaints of pain and EMG/NCS was obtained. This study documented a chronic L5 radiculopathy based on the high amplitude polyphasic unit activity. MRI report was noted to be wholly normal, relative to any acute pathology. Chiropractic care continued in the face of no improvement over a period of several months. There is a note that prescription medications were assigned in May. An orthopedic assessment was completed by Dr. Brownhill. She was not felt to be a surgical candidate. In July a pain management consultation was completed by Dr. Lall. He wanted to rule out a facet syndrome. Epidural steroid injections were performed. These injections had a very positive response relative to the pain complaints. Chiropractic physical therapy was continued as were a total of three lumbar ESIs. In November Dr. Lall felt that a trial of facet blocks at three levels was indicated.

REQUESTED SERVICE(S)

Facet joint blocks at L3/4, L4/5 and L5/S1.

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DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The injury was a myofascial strain sustained after lifting a box weighing from 50 – 80 pounds depending upon which history is read. The physical examination noted myofascial findings. The objective radiographs did not demonstrate any acute pathology. The MRI was negative with no facet pathology. Lastly, the epidural steroid injections resolved the complaints of pain indicating that the pathology was not with the facet joints; rather this was a myofascial injury and possible disc lesion.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the 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 **10** (ten) calendar days of your receipt of this decision (20 Tex. 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

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Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 8th day of April, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell