

March 21, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0748-01

CLIENT TRACKING NUMBER: M2-05-0748-01 / 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 State (TWCC):

- TWCC Notification of IRO Assignment, dated 1/28/05 - 11 pages

Records from Requestor (Jacob Rosenstein, MD):

- Independent medical evaluation supplement, Mark A. Doyne, MD, dated 11/19/04 - 2 pages
- Independent medical evaluation, Mark A. Doyne, MD, dated 11/4/04 - 6 pages
- Follow-up visits, Jacob Rosenstein, MD, dated 10/19/04, 11/18/04, 12/10/04, 12/17/04, 1/5/05, 2/2/05, 2/16/05, 3/2/05 - 16 pages
- North Hills Bone & Joint Clinic treatment notes, multiple dates - 24 pages
- Cervical Epidural Steroid Injection #2 (Right C7-T1) with Epidurography, Shelley Rosenbloom, MD, dated 12/27/04 - 1 page

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- Letter to ESIS Inc from Tonya Purdy, LVN/IntraCorp, dated 1/13/05, 1/12/05 – 4 pages
- Texas Workers' Compensation Work Status Report, dated 9/2/04, 7/12/04, undated – 3 pages
- North Hills Bone & Joint Clinic diagnosis sheet, dated 7/1/04 – 1 page
- Consultation, dated 7/1/04 – 8 pages
- Initial Report and Treatment Plan, Rick L. Enlow, DC, dated 7/1/04 – 3 pages
- North Hills Bone & Joint Clinic Initial Range of Motion Studies, dated 7/1/04 – 2 pages
- MRI of Lumbar Spine w/o Contrast, dated 7/20/04 – 2 pages
- CIA First and Final Report, Martine Rivera (Adjuster), dated 6/28/04 – 5 pages
- Statement, Martine Rivera, dated 6/28/04 – 1 page
- Incident Investigation Report, dated 6/24/04 – 1 page
- ER record, dated 6/24/04 – 1 page
- Exam, Jacob Rosenstein, MD, dated 9/24/04 – 3 pages
- Functional Capacity Evaluation Report, dated 6/24/04 – 7 pages
- Cervical Spine X-Rays and CT report, dated 10/6/04 – 1 page
- Fax coversheet to Jan Reed from Linda Hippert/Intracorp (dated 10/26/04) including follow-up note (10/19/04), Cervical Spine X-Rays and CT report (10/6/04), superbill (10/26/04) – 5 pages
- Chronic Pain Evaluation, Richard Slaughter, Psy.D., dated 11/9/04 – 2 pages
- Cervical Epidural Steroid Injection #1 (Left C7–T1) with Epidurography, Shelley Rosenbloom, MD, dated 12/9/04 – 1 page
- North Texas Neurosurgical Consultants Interval History, dated 1/5/05 – 1 page
- Letter to ESIS Inc from IntraCorp, dated 9/9/04, 9/27/04, 11/3/04, 11/16/04 x2, 12/1/04 x2, 12/20/04 – 19 pages
- Employees Notice of Injury or Occupational Disease and Claim for Compensation, dated 7/2/04 – 1 page
- Duplicates – 20 pages

Summary of Treatment/Case History:

On ___ this 53 year old female truck driver had a slip and fall accident in a shower hitting the back of her head. She has not returned to work since. She has been treated by Dr. Rosenstein since 9/2004 with medication, ESI with no improvement in her neck, arm, back, pain.

Diagnosis by Dr. Rosenstein on basis of his examination and various reports of studies he ordered is:

1. Central disc herniation C4–5.
2. A 2 mm central disc protrusion at C4–5 with spinal cord impingement.
3. Spondylosis C5–6 and C6–7 with some foraminal stenosis.

He also states she has chronic pain syndrome based on his examinations and a psychological evaluation by Dr. Slaughter of 1/20/05.

Questions for Review:

1. Please address prospective medical necessity of the proposed TENS unit 30 day trial, regarding the above mentioned injured worker.

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Explanation of Findings:

Dr. Rosenstein has established an anatomical pathological condition that he thinks is causing the patients problem. He thinks this is causing her neck, trapezial and scapular pain. If the anatomical condition he thinks the patient has is causing the pain, it will not be relieved by stimulation of a nerve or nerves by electrical stimulation with a TENS unit.

Conclusion/Decision to Not Certify:

The requested TENS unit 30 day trial is not medically necessary.

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

OTG Intracorp electrical stimulation guidelines.

References Used in Support of Decision:

The Cochrane Library/ Reviews (electrotherapy/TENS)

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.

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.

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

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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:

Jacob Rosenstein, MD

Fidelity & Guaranty Insurance Company