

February 15, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0774-01

CLIENT TRACKING NUMBER: M2-05-0774-01 /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 the state:

Notification of IRO Assignment dated 2/4/05 1 page

Texas Workers Compensation Commission Form dated 2/4/05 4 pages

Letter to ___ from Texas Mutual dated 11/17/04 2 pages

Letter to ___ from Texas Mutual dated 12/10/04 2 pages

Records from Dr. Blau:

Procedure note dated 4/23/03 2 pages

Pain management procedure report dated 12/12/04 2 pages

MRI procedure report dated 3/25/02 1 page

Cervical spine procedure report dated 2/20/02 1 page

(continued)

Patient history and physical examination note dated 3/31/03 3 pages
Physical medicine and rehabilitation consultation report dated 6/2/03 2 pages
Return office visit note dated 9/23/03 2 pages
Impairment rating note dated 9/23/03 3 pages
Return office visit note dated 8/3/04 2 pages
Return office visit note dated 11/3/04 2 pages
Return office visit note dated 12/3/04 3 pages
Return office visit note dated 1/4/05 2 pages

Records from the respondent:

Case summary from Texas Mutual dated 2/9/05 1 page
Exhibit 1 coversheet 1 page
Letter to ___ from Texas Mutual dated 11/12/04 2 pages
Letter to ___ from Texas Mutual dated 12/6/04 2 pages
Exhibit 2 coversheet 1 page
Letter to Texas Mutual (Amy Holcomb) from Andrew Khoury attorney dated 12/3/04 1 page
Preauthorization request from Dr. Blau, dated 11/11/04 1 page
Return office visit note dated 11/3/04 2 pages
MRI procedure report dated 3/25/02 1 page
Cervical spine procedure report dated 2/20/02 1 page
Letter to ___ from Texas Mutual dated 11/17/04 1 page
MRI procedure report dated 3/25/02 1 page
Cervical spine procedure report dated 2/20/02 1 page
TWCC report of medical evaluation dated 10/23/03 1 page
Impairment rating report dated 9/23/03 3 pages
Letter to Dr. Eric Williams from Texas Mutual dated 10/23/03 1 page
Job description of physical, dated 9/19/03 4 pages
Fax cover letter from Dr. Eric Williams to Wendy Merkson dated 10/23/03 1 page
Copy of check to Texas Mutual for \$650.00 dated 2/8/05 2 pages

Summary of Treatment/Case History:

Patient is a 66 year old male with a chief complaint of cervical neck pain from a work related injury ____.

MRI of the cervical spine 3-25-02 showed degeneration of C4-C5 intervertebral disc with 1 mm. annular bulge and right neural canal stenosis from unciniate process hypertrophy; degeneration of C5-C6 intervertebral disc with 2 mm. annular bulge and bilateral neural canal stenosis from unciniate process hypertrophy; degeneration with 1 mm. annular bulge at C6-C7 intervertebral disc with bilateral neural canal stenosis from unciniate process hypertrophy.

Plain x-rays, cervical spine, 2-20-02, revealed anterior spurring in the bodies of C4 through C7; C5-C6 intervertebral space was narrowed with both anterior and posterior spurs; C6-C7 intervertebral space was narrowed with anterior spurring; remainder of intervertebral spaces were normal. There were degenerative changes in the facet joints.

(continued)

Treatments included epidural steroid injections x2 on 4-23-03 and 10-12-04. The patient had only short-term relief.

The patient occasionally takes Flexeril and occasional Naproxyn for his neck pain. According to the records, he continues to work full time duty in the oil field.

The patient had Impairment Rating 9-23-03, done by Dr J. Blau, M.D. and he was placed at MMI with a 5%WP DRE impairment rating.

Questions for Review:

1. Please address prospective medical necessity of the proposed facet joint injections on the right side at C4-5, C6-7, C5-6 and C7-T1 regarding the above-mentioned injured worker.

Explanation of Findings:

1. Please address prospective medical necessity of the proposed facet joint injections on the right side at C4-5, C6-7, C5-6 and C7-T1 regarding the above-mentioned injured worker.

According to the medical records, the patient has definite tenderness over the right cervical region from C4 to T1 with decreased cervical range of motion. MRI 3-28-02 revealed degenerative changes at C4-C5, C5-C6, C6-C7 intervertebral discs. Cervical x-rays revealed significant spurring in the bodies of C4-C5, C5-C6, and C6-C7. There also noted degenerative changes in the facet joints. Epidural steroid injections did not provide long-term relief and a trial of facet joint injections have not been performed, according to the records. Based on this evidence, the proposed facet joint injections on the right side at C4-C5, C5-C6, C6-C7, and C7-T1 are medically necessary.

Conclusion/Decision to Certify:

The proposed procedure is medically necessary, facet joint injections at C4-C5, C5-C6, C6-C7, C7-T1.

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

Osteoarthritis of the facet joints results in localized spine pain, often episodic, that sometimes extends to the limb and can mimic radicular pain. The onset of each attack is usually abrupt. Range of motion, especially with extension, is often limited. In some cases, facet joint osteoarthritis, more diffuse osteoarthritis, and even degenerative disc disease can co-exist. Pain is increased with activity and relieved with rest. Surgery is rarely indicated. Patient may benefit from facet joint injection.

References Used in Support of Decision:

Physical Medicine and Rehabilitation, Second Edition, 2000, Richard L. Braddom, M. D. Practical Manual of Physical Medicine and Rehabilitation.

Diagnostics, Therapeutics, and Basic Problems, 1998, Jackson C. Tan, M. D., P.T., Ph.D.

Pain Procedures In Clinical Practice, 2nd Edition, Lennard, 2000.

(continued)

The physician providing this review is board certified in physical medicine & Rehabilitation. The reviewer holds additional certification in Pain Management. The reviewer is also a member of the Physiatric Association of Spine, Sports and Occupational Rehabilitation. The reviewer is active in research and publishing within their field of specialty. The reviewer currently directs a Rehabilitation clinic.

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

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.

(continued)

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.

1139301.1

cb

cc: Texas Mutual Insurance Company