

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1022-01
Name of Patient:	
Name of URA/Payer:	American Home Assurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Rick Enlow, DO

March 23, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. 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.

March 23, 2005
Notice of Independent Review Determination
Page 2

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc:

Jacob Rosenstein, MD
Rick Enlow, DO
Texas Workers Compensation Commission

RE:

CLINICAL HISTORY

___ is currently being evaluated by Dr. Jacob Rosenstein for an injury she sustained in ___ while at work. In that year on ___ she was sliding a five gallon bucket around to read a UPC code as she was working as a cashier. She felt a twinge in her low back and then describes an electric shock sensation starting at her tailbone radiating up her back and into her right shoulder and right arm. Following her injury she had an MRI scan which showed essentially just degenerative changes with no acute pathology. She was given multi-modality conservative management including electrical stimulation, exercise and hot and cold packs. Finally she had epidural steroid injections which helped her pain to some degree but did not alleviate the now constant lumbar pain which she describes as stabbing and now radiating in the right hip and down her right foot. Of note, her past history is significant for a lumbar discectomy performed in 1988. The most current information available is an evaluation by Dr. Jacob Rosenstein performed December 15th 2004. At this point in time the patient states that she is now having bowel and bladder incontinence as well as dragging her right leg. Because of this, Dr. Rosenstein recommends a CT myelogram. Per his evaluation the patient was found to have zero out of five right leg strength and Dr. Rosenstein states that this may indeed be psychological in nature versus pathological. She was noted to have normal left leg strength.

March 23, 2005
Notice of Independent Review Determination
Page 3

REQUESTED SERVICE(S)

Medical necessity of lumbar myelogram with CT scan.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

It is appropriate to perform a CT myelogram of this patient; however the probability of finding anything of any great consequence is quite low. Further, the necessity for the CT myelogram is unrelated to her ___ injury.

If this patient truly has a deteriorating neurological condition then it is incumbent upon the treating physician to search for an answer. She is noted to be quite a large person, therefore the possibility of an adequate MRI scan is probably low and a CT myelogram is definitely a definitive study, and despite the fact that she has had this in the past, it is appropriate. Again, however as mentioned above, the causality is extraordinarily poor.

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).

March 23, 2005
Notice of Independent Review Determination
Page 4

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:

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 23rd day of March 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell