

March 24, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-1050-01SS

CLIENT TRACKING NUMBER: M2-05-1050-01/5278

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 Received from the State:

- Notification of IRO Assignment, dated 03/07/05
- Texas Workers' Compensation Commission Form, dated 03/07/05
- Pre-Authorization Determination from CorVel, dated 01/17/05
- Pre-Authorization Determination from CorVel, dated 01/26/05

Records Received from the Requestor:

- MRI Scan - Lumbar Spine, dated 04/09/03
- Facet Joint Steroid Blocks Report, dated 12/08/04

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- Chart Notes, dated 08/03/04–01/10/05
- Request for Preauthorization for Surgery, dated 01/11/05
- Pre–Authorization Determination from CorVel, dated 01/17/05
- Pre–Authorization Determination from CorVel, dated 01/26/05
- Fax Confirmation Sheet, dated 01/20/05

Records Received from the Respondent:

- Medical Dispute Resolution Request/Response, dated 02/04/05
- Request for Preauthorization for Surgery, dated 01/11/05
- Pre–Authorization Determination from CorVel, dated 01/17/05
- Pre–Authorization Determination from CorVel, dated 01/26/05
- Letter from Tom Lueders II to Medical Review Institute of America, dated 03/14/05
- Utilization Review from CorVel, dated 06/27/02
- Letter from John S. Scott, DO to CorVel, dated 07/11/02
- Letter from CorVel, dated 07/15/02
- Letter from CorVel, dated 04/16/03
- Letter from John S. Scott, DO, undated

Records Received from Dr. Daniel Canchola, DC

- Employer’s Request to Change Treating Doctors, undated
- Texas Workers’ Compensation Work Status Report, undated
- MRI of the Lumbar Spine with and Without Contrast Report, dated 09/17/04
- Prescription for Treatment, dated 08/07/01–08/15/01
- Chart Notes, dated 08/07/01
- Texas Workers’ Compensation Work Status Report, dated 08/07/01
- Chart Notes, dated 08/15/01
- Texas Workers’ Compensation Work Status Report, dated 08/15/01
- Chart Notes, dated 08/29/01
- Texas Workers’ Compensation Work Status Report, dated 08/29/01
- Prescription for Treatment, dated 09/18/01–10/09/01
- Chart Notes, dated 09/14/01
- Texas Workers’ Compensation Work Status Report, dated 09/14/01
- Texas Workers’ Compensation Work Status Report, dated 10/03/01
- Chart Notes, dated 09/19/01
- Texas Workers’ Compensation Work Status Report, dated 09/19/01
- Texas Workers’ Compensation Work Status Report, dated 09/18/01
- Chart Notes, dated 10/01/01
- Texas Workers’ Compensation Work Status Report, dated 10/01/01
- Chart Notes, dated 10/03/01
- Chart Notes, dated 10/11/01
- Texas Workers’ Compensation Work Status Report, dated 10/11/01
- Chart Notes, dated 10/18/01
- Texas Workers’ Compensation Work Status Report, dated 10/18/01
- Chart Notes, dated 05/13/04–06/18/04
- Texas Workers’ Compensation Work Status Report, undated

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- Texas Workers' Compensation Work Status Report, dated 07/16/04
- Chart Notes, dated 07/16/04

Summary of Treatment/Case History:

The claimant is a 56-year-old female, obese (5', 177 lbs) who fell on___ and sustained a mild L2 compression fracture which was treated conservatively. The MRI of 9/17/01 was read as revealing a mild compression fracture at L2 with reparative changes and minimal bulging at L1-2. Because of pain, she has undergone an extensive course of treatment, including physical therapy, medications, and radiofrequency rhizolysis, none of which provided significant relief of symptoms. An MRI of 4/9/03 was read as revealing mild facet narrowing at L4-5 and L5-S1, but no disc herniation, canal stenosis, or foraminal encroachment was noted at any level. The physical examination on 8/3/04 found intact deep tendon reflexes and 5/5 motor strength in the lower extremities. Straight leg raising was negative as was the Lasegue maneuver. She has undergone facet blocks and has been wearing a brace. She still complains of low back pain.

Questions for Review:

1. Please advise medical necessity of Open rhizolysis of the L3-4, L4-5 and L5-S1 facets bilaterally with transverse process fusion L3 to the sacrum bilaterally and at least unilateral segmental pedicle fixation.

Explanation of Findings:

The MRI findings of no significant compressive pathology or facet pathology of the lumbar on 4/9/03 and the lack of tension findings on physical examination on 8/3/04 fail to support the claimant's subjective complaints.

Conclusion/Decision to Not Certify:

Question 1: Please advise medical necessity of Open rhizolysis of the L3-4, L4-5 and L5-S1 facets bilaterally with transverse process fusion L3 to the sacrum bilaterally and at least unilateral segmental pedicle fixation.

The request for open rhizolysis, transverse process fusion from L3 to the sacrum, and unilateral pedicle fixation is not medically necessary.

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

The MRI of 4/9/03 did not demonstrate any pathology that would benefit from operative intervention. The claimant has not found radiofrequency rhizolysis to be beneficial. There is no evidence of spinal instability to support fusion at one level, much less three levels. The claimant's subjective complaints are not substantiated by objective physical findings.

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References Used in Support of Decision:

Sharma M, Langrana NA, and Rodriguez J. Role of ligaments and facets in lumbar spinal stability. Spine 1995;20:887-900.

Yang KH and King AI. Mechanism of facet load transmission as a hypothesis for low-back pain. Spine 1984;9:557-65.

The physician providing this review is board certified in Orthopedic Surgery. The reviewer also holds additional certifications from the National Board of Medical Examiners, the American Board of Orthopedic Surgery and their state Workers Compensation Commission. Professional Society memberships include the American Society for Laser Medicine and Surgery and the American College of Sports Medicine. The reviewer currently serves as an instructor in the department of surgery, division of orthopedics at a major medical teaching institution as well as participating in private practice. The reviewer has been in active practice since 1975.

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 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

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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.

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.

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cc: Robert J. Henderson, MD
Federal Insurance Company c/o Harris & Harris