April 14, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

IRO CASE NUMBER: M2-05-1138-01
RE: Independent review for ___.

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 3.17.05.
- Fax request for provider records made on 3.22.05.
- The case was assigned to a reviewer on 4.07.05.
- The reviewer rendered a determination on 4.13.05.
- The Notice of Determination was sent on 4.14.05.

The findings of the independent review are as follows:

Questions for Review

To address the prospective medical necessity of the proposed outpatient Lumbar Epidural Steroid Injection 1x for the above-mentioned patient.

Determination

The determination is to **overturn the denial** of the proposed outpatient Lumbar Epidural Steroid Injection.

Clinical Rationale

Based on Ms. ___'s clinical symptoms, signs, diagnostic report and the EMG/NCV report, further use of an Epidural Steroid Injection would be appropriate for Lumbar radiculopathy associated with a neurocompressive lesion.

Summary of Clinical History

The records describe Ms. ___ to be a 47 yr old female that incurred a work related injury on ___. She complains of ongoing low back pain that is made worse from excessive standing or sitting. She received chiropractic care and a subsequent referral to Michael Simms, M.D. for pain management. A Lumbar MRI had been completed on 10/26/04 on a 1.5 Tesla Tech MRI, read by Edward Fritsch, D.C. This MRI was reported to show a L3-4 left far lateral subligamentous herniation with mild L3 nerve root

compression. A subsequent EMG/NCV by Sherif Ramzy, M.D. on 2.1.05 showed a left L4 radiculopathy and mild right L4 radiculopathy. David Strausser, M.D. evaluated Ms. ___ on 2.4.05 and reported no pain below her knee, but a diminished left quadriceps reflex. He proposed further injection treatment. Peter Foox, M.D. on the RME dated 2.18.05 noted asymmetry of the knee jerks with a positive left femoral stretch and diagnosed lumbar radiculopathy.

Ms. ___ had a Lumbar (caudal approach with catheter) Epidural Steroid Injection performed on 12.27.04 with reported improvement in her leg symptoms for two weeks.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience, as well as, Clinical Practice Guideline number 14, Acute Low Back problems in Adults, AHCPR 1944, pp.47.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomate of the American Board of Orthopedic Surgery, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

Copies of this determination were faxed and mailed to the insurance carrier or URA, the provider, and the patient.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Michael Peck, D.C.
Attn: Dennis Moehr
Fax: 936.291.3752

S.O.R.M.
Attn: Nartisha Bates
Fax: 512.370.9052

[Claimant]