

April 29, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-1285-01

CLIENT TRACKING NUMBER: M2-05-1285-01-5278

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:

- Notification of IRO Assignment, TWCC 4/14/05
- IRO Assignment Letter 4/14/05
- Medical Dispute Resolution Request/Response
- Table of Disputed Services
- Provider List
- Review Determination, The Hartford 1/12/05, 1/26/05

Records from Provider:

- Initial Consultation, Shahid Rashid, MD 8/12/04
- Return Visit notes, Dr. Rashid 9/23/04, 11/4/04, 12/30/04
- MRI of the lumbar spine report 5/14/04

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Records from Insurance Company:

- TWCC Work Status Reports 5/7/04, 5/24/04, 6/9/04, 7/7/04, 7/12/04
- TWCC-69 Report of Medical Evaluation 9/16/04
- Designated Doctor Evaluation, Ernesto M. Tamez, MD, 9/16/04
- Chronology of Care for ___
- Lumbar spine x-ray report 3/18/04
- Daily Notes 4/7/04 - 7/23/04
- Initial Report 4/14/04
- Re-examination reports 5/11/04, 6/9/04, 7/12/04
- MRI of the lumbar spine 5/14/04
- Initial Evaluations 5/21/04
- Letter of medical necessity 6/9/04, 7/7/04
- Operative Report, John M. Borkowski, MD 6/25/04
- Preop assessment 6/25/04
- Intraoperative Record 6/25/04
- Anesthesia Record 6/25/04
- Preauthorization Request 6/11/04, 7/19/04, 8/24/04, 1/7/05, 12/2/05, 11/17/04
- Rx for Physical Therapy 8/12/04
- Initial Consultation, Dr. Rashid 8/12/04
- Operative Report, Dr. Rashid 9/2/04, 12/8/04
- Initial Evaluation 9/8/04 (page 1 of ?)
- PT Progress Notes 9/9/04, 9/10/04, 9/14/04, 9/15/04, 9/17/04, 9/21/04, 9/22/04, 9/24/04, 9/28/04, 9/30/04, 10/6/04, 10/7/04, 10/8/04, 10/11/04, 10/12/04
- Return Visit notes, Dr. Rashid 9/23/04, 11/4/04, 12/30/04
- PT Re-evaluation Note 10/1/04
- PT Discharge 10/13/04
- Workers' compensation claim status report and strategy 11/3/04
- Appeal letter 1/19/05
- Review Determination, The Hartford 6/14/04, 8/26/04, 1/12/05, 1/26/05, 12/7/04, 12/1/04
- Letter to ___ from Rodney Stubblefield, SRS 3/19/04
- Notice of transfer to another field office, TWCC 8/6/04
- Notice of new TWCC number, TWCC 6/30/04
- Letter to Deb Prochaska from Mr. Stubblefield, SRS 4/8/04, 8/12/04
- ACH "Initial" Setup Form 8/24/04
- Electronic Funds Transfer Application 8/24/04
- Referral Form 11/18/04
- ACH Amendment or Termination Form 11/16/04

Summary of Treatment/Case History:

The claimant is a 30 year old gentleman who allegedly suffered a workplace injury on ____.

Subsequently he developed low back pain which spread to his lower left leg. An MRI of the lumbar spine reveals a left posterior paracentral radial annular tear and a left posterior paracentral disc protrusion with impression upon the thecal sac and left neural foramen. He has undergone extensive conservative treatment, including several epidural steroid injections which provided a few days of pain relief each.

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Questions for Review:

1. Request preauthorization of lumbar diskogram L1–2, L2–3, L3–4, L4–5, L5–S1.

Explanation of Findings:

1. Request preauthorization of lumbar diskogram L1–2, L2–3, L3–4, L4–5, L5–S1.

The claimant has suffered from low back pain and lumbar radicular pain for almost two years; he has had extensive conservative treatment including physical therapy, chiropractic treatment and lumbar epidural steroid injections, an MRI shows a contained disc protrusion with possible neural compromise, he has dermatomal neurological abnormality and sciatic stretch signs. Therefore, the claimant appears to satisfy all of the criteria below; therefore the proposed discography is medically necessary.

Conclusion/Decision to Certify:

Certify the proposed discography.

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

Reasonable selection criteria for discography are the following:

1. Lumbar radicular pain, with or without low back pain, for more than 3 months.
2. Failure to adequately improve with a comprehensively applied, aggressive, nonoperative treatment program, consisting of stabilization, exercise training, back education, activity modification and epidural steroid injections.
3. An MRI showing a contained disc protrusion with or without neural compromise.
4. A positive SLR (reproduction of sciatica at less than 70 degrees of SLR) or a dermatomal neurological abnormality in the dermatome of the radicular pain or EMG/NCV evidence of lumbar radiculopathy of the dermatome of the radicular pain.

References Used in Support of Decision:

Ortiz and Johnson (2002). Discography. *Tech Vasc Interv Radiol* 5:207–16.

Madan, et al. (2002). Does provocative discography screening of discogenic back pain improve surgical outcome? *J Spinal Disord Tech* 15:245–51.

Carragee (2000). Is lumbar discography a determinate of discogenic low back pain: provocative discography reconsidered. *Curr Rev Pain* 4:301–8.

Ohnmeiss, et al. (1997). Degree of disc disruption and lower extremity pain. *Spine* 22:1600–5.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is

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currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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.

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

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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: Shahid Rashid, MD
Kiewit Construction Group Inc