Medical Review Institute of America, Inc.
America's External Review Network

MRIoA

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-05-6899.M2

May 5, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-1318-01/___
CLIENT TRACKING NUMBER: M2-05-1318-01/5278

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 4/25/05, 5 pages
Letter from Intracorp dated 1/27/05, 2 pages
Letter from Intracorp dated 2/21/05, 2 pages

Records Received from the Provider:
MRI report dated 2/11/04, 1 page
History and physical dated 6/30/04, 2 pages
Nerve conduction study/electromyography report dated 9/14/04, 2 pages
Progress note dated 1/19/05

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Records Received from the Respondent:
Medical dispute resolution request/response form, date stamp for receipt from requestor dated 3/15/05, 2 pages
Utilization review notes dated 4/25/05, 6 pages
Letter from Ace Ina dated 4/29/05, 1 page

Summary of Treatment/Case History:
The claimant is a 53 year old female who allegedly suffered a workplace injury on ___. Subsequently she developed low back pain which radiated to the left leg. She underwent an L4-5 laminectomy, which did not relieve her pain. Subsequently she has undergone multiple pain management procedures, including epidural steroid injections and epidural adhesiolysis procedures. An MRI on 2/11/04 revealed a very small right posterolateral disc. She had herniation at L4-5 without any encroachment on the nerve root.

Questions for Review:
Preauthorization denied for lumbar myelogram/post CT scan. Please advise medical necessity.

Explanation of Findings:
The claimant has back and leg pain that has been essentially constant in quality and location with the expected fluctuations in intensity for many years. She has not developed any new neurological deficits or other findings that would suggest the new development of spinal pathology in the past 14 months. There would be no medical necessity of a myelogram with post-myelogram CT scan under these circumstances, especially seeing that she underwent an MRI of the lumbar spine 14 months ago

Conclusion/Decision to Not Certify:
A myelogram or post-myelogram CT scan is not medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
The primary indication for myelography with post-myelogram CT scan rather than MRI is the presence of metal prostheses in proximity to the central nervous system. Neither is necessary as a routine measure in the absence of significant changes in the quality or location of the symptoms or significant changes in physical or neurological sign.

References Used in Support of Decision:
Glass, LS (2004). Occupational Medicine Practice Guidelines, 2nd ed. Beverly Farms, MA: OEM Press, Chapter 8.

Milliman Care Guidelines, Ambulatory Care, 9th edition. http://careweb.careguidelines.com/ed9/ac/

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.

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

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 MRIoA 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 MRIoA 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 MRIoA 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

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authorizing this case review agrees to hold MRIoA 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: ___
Insurance Co. of the State of PA c/o FOL