



Specialty Independent Review Organization, Inc.

May 10, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1421-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 43 year old female was injured on ___ while working at Walmart. She was working at the Customer Service Center and slipped on some solution which had been spilled on the floor. Initially, the patient felt a pull in the right groin and across her low back. The day after the injury she began to have complaints of cervical pain radiating into her left arm. The patient also complained of low back pain radiating down her right leg more than the left. Walking, sitting, and standing have been aggravating the patient's pain.

Physical Examination revealed straight leg raise 80 degrees bilaterally, ability to pull knees toward her chest with subjective pain in the right low back. All sciatic nerve stretching tests are negative. Waddell Test is positive. Patient can stand, squat, and walk on toes and heels.

MRI of 04/20/2001 revealed a posterior bulge with minimal flattening of the dural sac at L4-5, a central herniation of 2mm at L5-S1.

EMG/NCV test of 12/13/2001 revealed an abnormal NCV test with positive L4 or L5 radiculopathy on the left. The EMG was reported as normal.

An FCE was completed on 06/27/2001 and the patient's score was 26 on a McGill Pain Questionnaire. On the Oswestry Low Back Disability Questionnaire, the patient reports a significant perceived disability. The patient reported difficulty in performing general daily activities; however, on 06/27/2001 she assisted in putting out a barn fire. On the Minnesota Dexterity Test the patient scored under the 1st percentile invalidating her testing. In further questioning about the barn fire, the patient was able to handle buckets of water and threw them on the fire.

The past medical history revealed treatment for depression with an emotional breakdown at age 18 and feeling depressed since. The patient was seen for physical therapy, chiropractic treatments, and exercising through April 2005 with the patient consistently having straight leg raise positive on the left, restricted lumbar range of motion in flexion and extension, and slight weakness of dorsiflexion on the left. The patient continues to have discomfort in the left SI joint. X-rays of the lumbar spine reveal a mild Grade I spondylolisthesis at L4-5.

Records Reviewed:

Uni-Med Letters: 3/8 and 3/22/05.

Records from Doctors/Facility:

J Rosenstein, MD – Reports, 2/23, 3/22, 4/14/05.

___ Letter – 4/14/05.

Records from Carrier:

Uni-Med Letter: 7/12 and 7/23/04.

J Rosenstein, MD – Reports, 11/21/01 – 4/14/05.

Employer's First Report: 4/12/01.

Medical Clinic Report: 4/13/01.

Irving Imaging: MRI & X-Rays Lumbar and Cervical, 4/20/01.

B Scott, MD – Report: 5/8 and 6/12/01.

Inquiry by Patient: 6/1/01.

C Marable, MD – Report: 6/22 and 9/21/01.

Mobile Diagnostics of Texas: 6/27 and 9/12/01.

Family Chiropractic Reports: 4/17 – 10/4/01.

R Ziegler, Ph.D. Reports: 7/15, 9/20, 10/4/01.

First Care Report: 8/27/01.

TWCC Work Status Report: 9/23/01 – 12/31/03.

M Tonn Report: 9/13/01.

WalMart Temporary Duty: 10/16/01.

WalMart Letter: 11/07/01.

Hampton Road Chiropractic Report: 11/27/01, 8/10/04.
Diagnostic Neuroimaging, EMG: 12/13/01.
High Point Rehab Reports: 9/11/02, 2/18/04, 3/10/04.
Spine Resource Report: 7/16/03.
P Osborne, MD – Report: 7/29/03.
W Soignier, MD – Reports: 8/5/03, 3/29/04.
Lab Results: 8/20/03.
Arlington Memorial Hospital – X-ray: 8/21/03.
HealthSouth Evaluation Center: FCEE, 12/23/03.
Forte Report: 1/26/04.
Maximus Report: 9/22/04.
Garland Psychological Center Reports: 9/20, 10/9/01.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a left SI joint injection.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient has had persistent pain in the low back on the left side since her injury. She has been treated with chiropractic treatment, physical therapy treatments with no improvement. The pain continues to be centered at the left SI joint. There is a psychological concern with the positive Waddell Sign; however, the patient continues to have pain generating from the left SI joint. When the patient fell and twisted her low back a strain to the sacroiliac could have occurred. Injection of local anesthetic and steroid into the sacroiliac can be used both for diagnostic and therapeutic evaluation.

Braddom, Randy: PHYSICAL MEDICINE AND REHABILITATION, 2nd Edition.

Lennard, Ted: PAIN PROCEDURES IN CLINICAL PRACTICE, 2nd Edition.

Bucholz, Robert: ORTHOPEDIC DECISION MAKING, 2nd Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 11th day of May 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli