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NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 10, 2005

Requester/ Respondent Address: TWCC
Attention:
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

Peter Polatin, MD
Attn: Lisa R
Fax: 972-221-8685
Phone: 972-420-1776

Carrollton Farmers Branch ISD
Attn: Heather Coady
Fax: 512-346-9321
Phone: 512-346-5314 x 2383

RE: Injured Worker:
MDR Tracking #: M2-05-1485-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Physical Medicine/Rehabilitation reviewer (who is board certified in Physical Medicine/Rehabilitation) who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

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Submitted by Requester:

- None

Submitted by Respondent:

- First report of injury on 9/8/04
- Office visit notes from Peter Polatin, M.D. of 9/29/04, 10/21/04, 12/1/04, 1/6/05, 1/26/05, 1/19/05, 2/15/05, 3/10/05, 3/22/05
- Peer review of Steve Cyr, M.D. of 4/11/05
- EMG/NCV report from Eric Coligado, M.D. of 1/12/05
- MRI of the lumbar spine report of 10/25/04
- Initial evaluation of Carlos Garcia, M.D. of 1/26/05
- Sacroiliac joint injection with arthrogram of 2/1/05 by Dr. Garcia
- Physical therapy initial evaluation by Advanced Physical Therapy of 10/5/04 with notes through 12/8/04

Clinical History

The claimant allegedly injured herself on _____. She was pulled by a student and hurt her low back. The claimant was initially treated by Dr. Polatin for right low back, lower extremity discomfort and posterior thigh discomfort. She was initially treated with physical therapy and Mobic as well as 6 physical therapy sessions without much help. The claimant actually underwent 18 physical therapy sessions as well as a right sacroiliac joint which actually made the claimant worse. MRI scan report from 10/25/04 stated right L5/S1 central and paracentral right disc protrusion and a left L4/5 annular tear with mild disc bulges at L3/4 and L4/5. The claimant got better but then she actually regressed. The claimant was then placed on Soma, Darvocet, and then added Clinoril, Tramadol and Ambien and then tried Lexapro and Diazepam. On a couple of occasions Dr. Polatin requested facet injections which were denied by Charles Crane, M.D. in a note on 2/28/05. It is now an appeal toward an IRO by Dr. Polatin. Peer review done by Dr. Cyr on 4/11/05 stated that the claimant's treatment was reasonable, future treatment depending upon how long the symptoms go may require a discogram in the future; however, epidural steroid injections, Botox, Valium, Lexapro and Ambien were not reasonable nor related.

Requested Service(s)

Lumbar facet injections at the L3/4, L4/5 and L5/S1 levels on the right

Decision

I agree with the insurance carrier and find that the services in dispute are not medically necessary.

Rationale/Basis for Decision

There is a lack of consistent documentation throughout that this claimant actually has facet joint mediated pain or facet joint disease. There is nothing showing on the MRI scan. There is also a lack of subjective and objective findings throughout for this claimant that are consistent with facet joint mediated pain. The claimant seemed to have back and lower extremity symptoms predominately which would be more in line with possible discogenic, nerve root irritation or sacroiliac joint problems. The claimant did undergo sacroiliac joint injection which actually made the claimant worse. I do not see any consistent evidence in the subjective or objective findings or in the documentation that would support the need for intraarticular facet injections at the L3/4, L4/5 and L5/S1 levels.

Sources Utilized

1. The American College of Occupational Environmental Medicine Guidelines 2nd Edition, Chapter 12
2. Official Disability Guidelines 9th Edition
3. ASIPP Guidelines
4. North American Spine Society Phase 3 Clinical Guidelines

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.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

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Chief Clerk of Proceedings / Appeals Clerk

P.O. Box 17787

Austin, Texas 78744

Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 10th day of May 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder