

May 13, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-1510-01 ___

CLIENT TRACKING NUMBER: M2-05-1510-01 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:

From The State:

Notification of IRO assignment dated 4/25/05 1 page
Texas Workers Compensation Commission form dated 4/25/05 1 page
Medical Dispute Resolution Request/Response form 1 page
List of Providers 1 page
Table of disputed services 1 page
Letter from St Paul Travelers dated 3/10/05 2 pages
Fax cover sheet dated 3/24/05 1 page
Letter from St. Paul Travelers dated 4/5/05 3 pages

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From Dr. Robert Urrea:

Radiology report dated 6/8/04 1 page

History and Physical dated 3/8/05 1 page

History and Physical dated 2/4/05 1 page

History and Physical dated 11/15/04 1 page

History and Physical dated 10/18/04 1 page

Copy of check from The Travelers Indemnity Company dated 5/4/05 1 page

Summary of Treatment/Case History:

This is a 30 year old male who injured his low back at work on ___ while lifting a case of beer. His symptoms persisted and he was seen on 10/18/04 by Robert Urrea, MD. He found positive straight leg raising and hypesthesia posterior and lateral thigh and limited lumbar motion and spasm. He has subsequently recommended a facet block at L5-S1. An MRI done on 6/8/04 found mild congenital spinal stenosis and small central disc protrusions at L3 and L4. No facet pathology was noted.

Service Requested: Facet blocks at L5-S1.

Questions for Review:

1. Item(s) in dispute: Preauthorization denied for lumbar facet injections.

Explanation of Findings:

There are no physical findings that are consistent with facet arthritis. The physical examination by Dr. Urrea finds hypesthesia in the thigh and positive straight leg raising; these are not consistent with facet disease. The MRI on 6/8/04 notes no abnormality in the facet joints. Facet blocks are not effective if done at one level as proposed. Blocks need to be done 2 levels above and one below the affected segment. There are no segments in this case that could be selected, because there are no findings of facet disease. The effectiveness of facet blocks, even in carefully selected patients, remains controversial and there are no clinical guidelines that recommend facet blocks in a patient with Mr. ___'s clinical presentation.

Conclusion/Decision to Not Certify:

1. Item(s) in dispute: Preauthorization denied for lumbar facet injections.

This reviewer agrees with the insurance carrier that the requested L5-S1 facet block is not medically necessary.

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

1. AHCPR Clinical Guideline #14 pages 45-46 (Federal Guideline)
2. American Academy of Orthopaedic Surgeons-North American Spine Society low back pain algorithm

The physician providing this review is board certified in Orthopedic Surgery. The reviewer holds additional certification from the American Board of Orthopaedic Surgery. The reviewer has served in capacity of executive committee member, credentials committee, chairman of the surgery department, board of directors and quality boards at various hospitals and medical centers. The reviewer currently serves as the Chief of Orthopedic Surgery at a VA Medical Center. The reviewer has been in active practice since 1970.

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.

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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 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: Requestor: ___
Respondent: Travelers Indemnity