

May 26, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-05-1537-01 \_\_\_  
CLIENT TRACKING NUMBER: M2-05-1537-01 \_\_\_

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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 5/3/05 1 page  
Texas Workers Compensation Commission form dated 5/3/05 1 page  
Medical Dispute Resolution Request/Response form 2 pages  
Provider sheet 1 page  
Table of disputed services 1 page  
Letter from Crawford and Company dated 3/15/05 1 page  
Letter from Crawford and Company dated 3/19/05 1 page

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FROM THE RESPONDENT:

Letter from Flahive, Ogden and Latson dated 5/11/05 2 pages  
Letter from Flahive, Ogden and Latson dated 4/22/05 2 pages  
Medical Dispute Resolution Request/Response form 1 page  
Provider sheet 1 page  
Table of disputed services 1 page  
Fax transaction report of letter dated 4/22/05 1 page  
Fax transaction report of letter dated 4/22/05 1 page  
Notice of Non-Certification from First Health dated 2/23/05 3 pages  
Letter from Dr. Rosenstein, MD dated 2/24/05 1 page  
Letter from Crawford and Company dated 3/15/05 1 page  
Letter from Crawford and Company dated 3/19/05 1 page

FROM THE REQUESTOR:

Follow up notes dated 2/10/05 2 pages  
CT report of lumbosacral spine dated 2/10/05 1 page  
Designated doctor review report dated 2/16/05 1 page  
Follow up notes dated 2/28/05 2 pages  
Follow up notes dated 4/18/05 2 pages  
History and Physical notes dated 4/13/05 1 page  
Follow up notes dated 5/4/05 1 page  
Fax cover sheet from North Texas Neurosurgical Consultants 1 page  
Order for Production of Documents dated 5/18/05 1 page  
Follow up notes dated 2/10/05 2 pages  
Follow up notes dated 2/28/05 2 pages  
Follow up notes dated 4/18/05 2 pages  
Follow up notes dated 5/4/05 1 page  
History and Physical dated 4/13/05 1 page  
CT report of lumbosacral spine dated 2/10/05 1 page  
Fax cover sheet from North Texas Neurosurgical Consultants 1 page  
Copy of check from Insurance company of the state of PA dated 5/19/05 1 page

**Summary of Treatment/Case History:**

This 44 year old female had a back injury on \_\_\_\_\_. There are no records of treatment or studies done before 2/10/05, or 5 months after the accident when note from Dr. Rosenstein starts. In one of his notes he states the patient had trigger point injections 12/30/04. On 2/10/05 and from then on, the patient complains primarily of low back pain, this pain being present since the injury; with medication for pain, it is rated 9-10/10. There are complaints of L leg pain and numbness, but these seem to be less than the low back pain. Neurological exam shows normal strength and reflexes in lower extremities. Straight leg raise test on 4/18/05 produce low back pain, not leg pain. The last note of 5/4/05 states the patient is scheduled for Lumbar facet injections. If this fails to relieve pain, a discomogram is planned. As near as can be determined from the records, she has not returned to work since the accident.

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Based on his follow up and review of CT and Lumbar myelogram, Dr. Rosenstein has established the following diagnoses:

1. Low back pain
2. L Lumbar–radiculopathy
3. Lumbar facet syndrome/lumbar segmental rigidity syndrome
4. 2–3 mm central & L sided L–4–5 disc protrusion

ESI has been denied two times, and another appeal has been submitted.

**Questions for Review:**

1. Please address prospective medical necessity of the proposed lumbar epidural steroid injections, regarding the above–mentioned injured worker.

**Conclusion/Decision to Not Certify:**

Unfavorable results from ESI are indicated by primary low back pain rather than leg pain. This seems to be the case here, as diagnosis #1 is low back pain and also Lumbar segmental rigidity syndrome. If pain is present longer than 6 months, as a general rule, there is a poor response to ESI. This patient has had pain for 8 months. If there is a work–related injury causing pain, results are less favorable than when this is not the case. This individual was injured on the job. If someone is unemployed due to high pain ratings, results are poor; in this case, pain is related as 9–10/10. If there is a significant myofascial pain component, the results of ESI is generally poor. As the patient has had trigger point injections, it would be assumed that she has myofascial pain.

The most favorable results from ESI is seen in patients with a herniated or ruptured disc with nerve root compression. All records indicate the patient only has a small disc protrusion. Nowhere is a herniated or ruptured disc mentioned, or are these terms used. No nerve root compression is mentioned and certainly non is manifest by motor weakness or loss of reflex. If there is motor weakness, or reflex loss, then results of ESI are favorable.

1. Please address prospective medical necessity of the proposed lumbar epidural steroid injections, regarding the above–mentioned injured worker.

Based on the above comparisons of unfavorable versus favorable results from ESI, the ESI for this patient is not recommended.

**References Used in Support of Decision:**

Practical Management of Pain, P. Prithvi Raj, MD WB Saunders, 2002, Chapter 51, Epidural Steroid Injections, Chap. 64: Outcomes, Efficacy, & Complications from Management of Low Back Pain.

Carette S, Leclaire R, Marcoux S, et al: Epidural corticosteroid injections for sciatica due to herniated nucleus polposus. N Engl J Med 336:1634, 1997.

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The specialist providing this review is board certified in Neurosurgery. The reviewer has served as the chief Neurosurgeon at several VA Hospitals throughout the country. The reviewer is a member of the American Medical Association, the American College of Surgeons, the American Paraplegia Society, Congress of Neurological Surgeons and the American Association of Neurosurgeons. The Reviewer has served as an association professor, assistant professor and clinical instructor at the university level. The reviewer also has publishing, presentation and research experience within their specialty. The reviewer has been in active practice for over 20 years.

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 MRloA 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 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: Requestor: Jacob Rosenstein  
Respondent: Ins Co of the State of PA