

May 31, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-1583-01
CLIENT TRACKING NUMBER: M2-05-1583-01

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 3/7/05
- IRO Assignment Letter 3/7/05
- Medical Dispute Resolution Request/Response
- Provider List
- Table of Disputed Services
- Appeal letter 3/16/05
- Progress Notes 2/23/05
- Denial letters from UniMed Direct LLC 3/28/05, 3/8/05

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Records Received from Arkansas Claims Management:

- Independent Review Organization Summary 5/17/05
- Denial letters from UniMed Direct LLC 3/28/05, 3/8/05
- Carragee article, Titled "Persistent Low Back Pain"
- Fax Cover Sheet 05/13/05
- Employer's first report of injury or illness, undated
- Injured Worker Information, undated
- Clinical notes (handwritten) 12/21/04, 10/29/04, 11/5/04, 11/22/04
- TWCC Work Status Report 10/21/04, 10/29/04, 11/5/04, 11/15/04, 11/16/04, 11/22/04, 11/29/04, 01/27/05, 02/23/05
- X-ray report 10/21/04
- Prescription Form 10/21/04
- Emergency Department physician's Report 11/15/04
- Emergency Department Nurses' Notes 11/15/04
- Radiology Consultation 11/15/04
- Report of lumbosacral spine x-rays 11/15/04
- History and Physical Examination 01/26/05
- Progress Notes 01/27/05 and 02/23/05
- Letter from Dr. Small 03/16/05

Summary of Treatment/Case History:

The claimant is a 35-year-old lady who allegedly suffered a workplace injury on _____. Subsequently she developed low back pain. Physical examination reveals normal neurological signs. No straight leg raising test is recorded. MRI apparently shows degeneration of L5-S1 disc without focal protrusion or herniation. She has apparently been treated conservatively with opioid non-opioid pain medication.

Questions for Review:

1. Please address prospective medical necessity of the proposed ESI regarding the above mentioned injured worker.

Explanation of Findings:

Question 1: Please address prospective medical necessity of the proposed ESI regarding the above mentioned injured worker.

The claimant has no physical or imaging findings consistent with lumbar nerve root compression or radiculopathy. She does not satisfy any of the selection criteria for epidural steroid injections, which are listed below. The use of epidural steroid injections as a treatment for low back pain in the absence of radiculopathy is not recommended by the consensus of peer-reviewed literature or recognized guidelines such as ACOEM, as well as the paper by Carragee submitted by the physician.

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Conclusion/Decision to Not Certify:

Do not certify the requested epidural steroid injections.

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

The usual selection criteria for lumbar epidural steroid injections are:

1. Pain radiating down one or both legs in a dermatomal pattern to below the knee, and
2. Signs of lumbar radiculopathy such as a dermatomal or myotomal neurological abnormality such as loss of sensation, muscle weakness or asymmetrical deep tendon reflexes at the same segments as represented by the painful area or
3. Signs of lumbar radiculopathy on EMG/NCV, or
4. Reproduction of pain radiating to below the knee with straight leg raising to 60 degrees or less.
5. Any previous epidural steroid injections have provided significant and progressive improvement in the pain.

References Used in Support of Decision:

Carragee (2005). Clinical practice. Persistent low back pain. N Engl J Med 352:1891-8.

Glass, L. Occupational Medicine Practice Guidelines. Beverly Farms, MA: OEM Press, 2004. Chapter 12, page 300.

Buchner, et al. (2000). Epidural corticosteroid injection in the conservative management of sciatica. Clin Orthop 149-56.

Abram (1999). Treatment of lumbosacral radiculopathy with epidural steroids. Anesthesiology 91:1937-41.

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 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.

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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 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: ARCFMI