

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-8864.M2



Specialty Independent Review Organization, Inc.

07/01/2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1687-01
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 injured her low back on ___ when she was unable to straighten up after bending to lift a small bicycle. Initially, the patient had back pain and a negative straight leg raise. Within a month, the pain radiated from her back to her right knee. The MRI on 07/18/2003 revealed disc bulges more prominently at L4-5. The EMG of 10/08/2003 revealed an L4 nerve root abnormality on the right consistent with nerve root dysfunction.

The patient continued to have increasing symptoms and on 08/04/2003 had occasional numbness and tingling in the right lower extremity. The straight leg raise became positive on the right side at 45 degrees.

As of 01/25/2005 the patient had received extensive conservative treatment including physical therapy, epidural steroid and facet injections, and chiropractic treatment with only temporary relief. Overall, her symptoms are worsening. The patient states the pain interferes with sleep and her daily activities. The patient is developing more weakness and numbness in the leg. The physical examination reveals 30% of normal lumbar motion.

RECORDS REVIEWED

UNI-Med Letter: 4/19/2005.

Records from Doctor & Facility:

UNI-Med Letters – 6/01, 7/16, 11/01/2004 and 4/5/2005.

Diagnostic Institute of Texas – EMG 3/29/2004.

J Marquez MD Report – 10/10/2003.

HealthSouth MRI – 7/18/2003.

P Vaughan MD Reports – 1/5 and 4/7/2005.

Center for Pain Control – Report, 3/18/2005.

Records from Carrier:

Arkansas Claims Management – 6/20/2005.

WC Injury Report – 6/6/2003.

Workmen's Comp Status Reports – 6/18/2003 through 9/4/2004. (16)

M Manning Ph.D Report – 8/4/2003.

F Segovia MD – 7 reports, 8/6/2003 through 12/12/2003.

TX Rehab – FCE, 10/31/2003.

M Tonn MD Report – 11/4/2003.

N Gilbert Ph. D Report – 1/5/2004.

S Francios DC – Reports: 1/13/2004 and 1/18/2004.

FCE – 6/6/2003 and 1/30/2004.

M Shah MD Reports – 2/23, 3/29, 4/19/2004.

S Bigos MD Report – 5/10/2004.

E Shinn MD Reports – 5/19 through 9/15/2004.

H Davisson PhD Reports – 7/7 and 8/10/2004.

L Merrell MD Report – 9/27/2004.
R Chouteau DO Reports – 11/10 and 11/16/2004.
Center for Pain Control, 7 Reports – 11/17/2004 through 5/18/2005.
P Vaughan MD Report – 1/25/2005.
HealthSouth – 94 PT Notes: 7/10/2003 through 5/17/2005.

REQUESTED SERVICE

The requested service is a lumbar myelogram with CT scan.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient had a fall onto her buttocks on ___ and has increasing symptoms of a radicular nature involving the right leg. The EMG/NCS revealed nerve root dysfunction of the L4 nerve root. The MRI revealed a bulging disc at L4-5. The patient has been through 94 physical therapy visits along with chiropractic treatments and medications with only temporary relief. A patient receiving 94 therapy visits and still with discomfort in the low back and right leg should have further diagnostic work-up. A lumbar myelogram with a CT scan should be carried out to further determine the site of the pain generator.

REFERENCES

Vaccaro et al: PRINCIPLES AND PRACTICE OF SPINE SURGERY.

Rothman & Simeone: THE SPINE, 5th Edition.

Campbell's Operative Orthopedics, 10th 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 1st day of July 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli