

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1801-01
Name of Patient:	
Name of URA/Payer:	Old Republic Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Brian Randall, DC

June 29, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Brian Randall, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

Available information suggests that this patient reports experiencing a low back injury that occurred while at work on _____. She received conservative treatment and was eventually seen by Craig Ponder, MD, for orthopedic assessment. MRI was performed 06/20/98 suggesting some disc bulging at multiple levels without neural compromise. CT myelogram was performed suggesting only minimal anular disc bulge at L5/S1. The patient was later seen by a Son Nguyen, MD and underwent multiple injections without significant improvement. The patient was then seen by Mrugesh Shah, MD and neurosurgeon Ali Azimpoor in May of 1999 suggesting that she was not a surgical candidate. The patient began chiropractic care with Brent Powell, DC, who later referred the patient to Mark McDonnell, MD for another orthopedic assessment. Dr. McDonnell provided a diagnosis of L5/S1 spondylolysis with spondylolisthesis and disc herniation of L4/5. The patient underwent posterior interbody fusion surgery at L4/5 and L5/S1 on 09/29/00. The patient began seeing another chiropractor Brian Randall, DC who recommended that the patient undergo multiple procedures including EMG, nerve conduction, radiofrequency lesioning and additional injections to the SI joints. Another MRI is performed 03/05/03 suggesting only post operative changes. The patient is referred for another surgical opinion with a Richard Francis, MD, on 02/22/05. Dr. Francis recommends a repeat CT myelography to evaluate persisting lumbar radiculopathy, coccydynia, and possible pseudoarthrosis. Repeat x-ray and lumbar myelogram is performed 05/19/05 suggesting only post surgical changes with normal alignment of fused vertebra. Multilevel disc bulges are noted with considerable dural ectasia noted at the laminectomy site. Neuroradiologist, Francis Lee, MD, makes no mention of necessity for repeat CT myelography.

REQUESTED SERVICE(S)

Determine medical necessity for proposed lumbar myelogram w/post CT scan.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical necessity for repeat lumbar myelogram w/post CT scan is **not supported** by available documentation. Per neuroradiologist's report, repeat lumbar myelogram of 05/19/05 suggested no unusual findings to support an additional CT myelogram for clinical correlation. Medical necessity for yet another lumbar myelogram with post CT scan is not supported by information available.

1. Weisel S: A study of CT incidence of positive CAT scans in an asymptomatic group of patients. Spine (9):549-551, 1984.
2. Bigos S., et. al., AHCPR, Clinical Practice Guideline, Publication No. 95-0643, Public Health
3. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
4. North American Spine Society. Unremitting low back pain. LaGrange (IL): North American Spine Society (NASS); 2000.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

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 (20 Tex. 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the 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 carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell