

July 28, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-1850-01
CLIENT TRACKING NUMBER: M2-05-1850-01 /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:

Records from state:

- TWCC Notification of IRO Assignment 6/17/05 - 12 pages

Records from respondent:

- Letter to MRIOA from Michelle Chafin/The ILM Group 7/22/05 - 1 page
- Letter to ILM from TWCC-Order for production of documents 6/28/05 - 1 page
- Work status reports Danny Bartel, MD 5/23/05, 9/13/04, 5/6/04, 2/2/04, 10/23/03, 8/27/03, 6/24/03, 6/3/03, 3/7/03, 2/19/03, 3/31/03, 11/20/02, 10/29/02, 8/27/02, 6/27/02, 5/28/02, 5/15/02, 4/19/02x2, 3/6/02 - 20 pages
- Progress notes Dr. Bartel 5/23/05, 3/31/05, 9/13/04, 5/6/04, 2/2/04, 10/23/03, 8/27/03, 6/24/03, 3/24/03, 2/19/03, 3/31/03, 10/29/02, 6/27/02, 6/13/02, 4/19/02 - 16 pages

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- Forte Notice of Utilization Review Findings 4/27/05, 3/14/05, 7/28/04, 4/2/04 - 11 pages
- CPMP session report 12/30/04, 12/29/04, 12/28/04, 12/21/04, 12/20/04, 12/17/04, 12/16/04, 12/15/04, 12/14/04, 12/13/04, 12/8/04, 12/7/04, 12/3/04, 11/29/04, 11/22/04, 11/19/04, 11/18/04, 11/17/04, 11/16/04, 11/15/04 - 41 pages
- Psychological Evaluation, Bob L Grant, PhD 11/2/04 - 12 pages
- Second opinion extended unenhanced MRI Lumbar Spine 12/16/04 - 1 page
- Letter to ILM from Lawrence Russell, PA-C 5/6/04 - 1 page
- Chiropractic daily treatment & progress notes 3/30/04, 2/16/04, 1/26/04, 12/31/03, 12/15/03, 12/1/03, 11/12/03, 10/29/03, 10/22/03, 10/17/03, 10/10/03, 9/19/03, 9/15/03, 8/11/03, 8/8/03, 8/6/03, 8/4/03, 8/1/03, 7/30/03, 7/29/03, 7/28/03, 7/25/03, 7/23/03, 7/22/03, 7/21/03, 7/18/03, 7/17/03, 7/16/03, 7/14/03, 7/11/03, 7/9/03, 7/7/03, 7/2/03, 6/30/03, 6/27/03, 6/25/03, 6/18/03, 6/16/03, 6/14/03, - 61 pages
- Letter To Whom It May Concern from Lawrence Russell, PA-C/Dr. Bartel 2/2/04, 11/4/03, 10/16/03 - 3 pages
- Digital Motion X-ray - Lumbar Spine 12/11/03 - 4 pages
- Fax transmittal sheet to ILM from ZiroC 2/27/03 - 1 page
- ZiroC independent review 2/27/03 - 3 pages
- Initial PT eval 2/11/03 - 3 pages
- TWCC - Report of medical evaluation - 1 page
- Figure 80. Spine Impairment summary 1/31/03 - 1 page
- Exam, Christopher J. Tucker, DO 3/31/03 - 4 pages
- Lumbar myelogram 12/23/02 - 2 pages
- CT lumbar spine 12/23/02 - 1 page
- Texas outpatient certification recommendation 12/24/02 - 2 pages
- Notice of independent review decision 11/21/02 - 3 pages
- Neurosurgical consultation, John V. Coon, MD 9/26/02 - 2 pages
- Thoracolumbar facet joint/transforaminal injections report, Sanjoy Sundaresan, MD 7/24/02, 7/15/02 - 4 pages
- PACU record/nurses notes 7/24/02, 7/15/02 - 2 pages
- Images - 2 pages
- Pre-operative history and physical, Dr. Sundaresan 9/17/02, 7/8/02 - 4 pages
- Physician's plan of care 5/28/02 - 1 page
- Procedure reports, Dr. Bartel 5/28/02, 5/21/02x2, 5/14/02x2 - 5 pages
- Electromyography report, Dr. Bartel 4/19/02, 4/2/02 - 4 pages
- Electormyographers 4/19/02, 4/2/02 - 2 pages
- Neuroconsultation, Dr. Bartel 3/6/02 - 3 pages
- Followup notes, D. Blayne Laws, MD 3/15/05, 1/28/02, 2/4/02 - 3 pages
- Work status report, Dr. McKenna DO 3/14/02 - 1 page
- Radiographic report 2/25/02 - 1 page
- Work status report, Albert J. Turk, MD 2/25/02 - 1 page
- Followup note, Dr. Turk 2/25/02 - 1 page
- MRI of lumbar spine 2/20/02 - 1 page
- Work status report, Dr. Laws 2/11/02, 2/4/02, 1/28/02 - 3 pages

- Daily notes, Dr. Laws 1/29/02–2/18/02 – 2 pages
- Patient evaluation, Dr. Laws 1/28/02 – 2 pages
- Wise Regional Health System–ED nursing assessment form 1/21/02 – 1 page
- WRHS–Emergency Physician Record 1/21/02 – 2 pages
- X-ray report 1/21/02 – 1 page
- WRHS–Release of information & assignment of benefits 1/21/02 – 2 pages

Records from requestor:

- Letter to Danny Bartel, MD from TWCC–Order for production of documents 6/28/05 – 1 page
- Electromyography report, Dr. Bartel 4/19/02, 4/2/02 – 4 pages
- Second opinion extended unenhanced MRI Lumbar Spine 12/16/04 – 1 page
- Lumbar myelogram 12/23/02 – 2 pages
- CT lumbar spine 12/23/02 – 1 page
- Progress notes, Dr. Bartel 5/23/05, 1/31/05, 9/13/04, 5/6/04, 2/2/04, 10/23/03, 8/27/03, 6/24/03, 6/3/03, 3/24/03, 3/7/03, 2/19/03, 1/31/03, 11/20/02, 10/29/02, 8/27/02, 6/27/02 – 18 pages
- Procedure reports, Dr. Bartel 5/28/02x2, 5/21/02x2, 5/14/02x2 – 6 pages
- Neuroconsultation, Dr. Bartel 3/6/02 – 3 pages

Summary of Treatment/Case History:

The patient is a 37 year old woman allegedly hurt at work while carrying glass. The accident occurred on ____. She initially complained of numbness of the left foot, weakness of the left leg, and low back pain radiating to her left hip and left leg. Her initial neurological exam, on 3/6/02, was reported to show weakness of the left extensor hallucis longus (EHL) at about 4/5, her left ankle reflex was decreased. The patient has been followed by Dr. Bartel, a neurologist. Since her initial complaints, she has had multiple treatment modalities including chiropractic, lumbar facet joint injections, and physical therapy. She has also been treated with oral analgesics. Two neurosurgeons have seen the patient. On 4/19/02, the neurosurgeon finds a normal exam and recommends chiropractic adjustments and lumbar facet joint injections. On 9/26/02, a second neurosurgeon finds questionable weakness of the left EHL, the rest of the exam being normal. He recommended a lumbar CT myelogram. This test was done on 12/23/02, and reported to be normal. Other tests the patient has had include normal EMG/NCV on 4/2/02 and 4/19/02, an MRI of the lumbar spine on 2/20/02, reported to show L5–S1 disc dessication without herniation or neuroforaminal encroachment, and an MRI of the lumbar spine done on 12/16/04, reported to show an L5–S1 posterolateral disk protrusion of about 1.5 millimeters with no reported neuroforaminal stenosis. Since the initial visit to the neurologist, the patient has continued to complain of burning of the legs, weakness of the left leg, and numbness of the left leg. Her exams have continued to show weakness of the left foot, decreased left achilles reflex and allodynia left leg. In 2003, the patient had an IME done by Dr. Tucker. He reports normal strength and diagnoses a lumbar strain. Her last exam, dated 5/23/05, mentions no change since 2002. It reports reduced ankle reflexes, mild left leg weakness, and a repeat MRI of the lumbar spine is requested. There is no mention of any atrophy, skin discoloration, tremor, pulses.

Questions for Review:

1. Is an outpatient MRI of the lumbar spine and bilateral lower extremity EMG/NCV indicated in this patient at this time?

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Explanation of Findings:

This patient has had approximately the same symptoms and exam since her injury. Multiple tests have shown no evidence of radiculopathy or neuropathy. Her exam shows no atrophy, hence no progression of disease. Dr. Bartel is the only examiner that has found consistent weakness. Repeat MRI of the lumbar spine and EMG/NCV of the lower extremities will not contribute to the patient's diagnosis or treatment at this time.

Conclusion/Decision to Not Certify:

1. Is an outpatient MRI of the lumbar spine and bilateral lower extremity EMG/NCV indicated in this patient at this time?

An outpatient MRI of the lumbar spine and bilateral lower extremity EMG/NCV are not indicated in this patient at this time.

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

Applicable clinical criteria are those in the submitted records.

The physician providing this review is a diplomate in Neurology of the American Board of Psychiatry and Neurology. This reviewer is a member of the American Medical Association and the American Academy of Neurology. This reviewer has been in active practice since 1980.

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 / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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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: Dr. Bartel; ILM