

July 8, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-1934-01
CLIENT TRACKING NUMBER: M2-05-1934-01 /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:
FROM THE STATE:

Notification of IRO Assignment dated 6/21/05 1 page
Texas Workers Compensation Commission form dated 6/21/05 1 page
Medical Dispute Resolution Request/Response 2 pages
Provider form 1 page
Table of disputed services 1 page
Non-authorization letter from IMO dated 5/6/05 1 page
Non-authorization letter from IMO dated 5/24/05 1 page

(continued)

FROM THE REQUESTOR:

Texas Workers Compensation Commission form dated 7/5/05 1 page
Medical Dispute Resolution Request/Response 2 pages
Provider form 1 page
Table of disputed services 1 page
Non-authorization letter from IMO dated 5/19/05 1 page
Non-authorization letter from IMO dated 6/7/05 1 page
Notification of IRO Assignment dated 7/5/05 1 page
Clinical history dated 9/1/04 1 page
Initial medical report dated 7/28/04 4 pages
Consultation report dated 9/20/04 3 pages
Nerve conduction velocity studies report dated 9/21/04 1 page
Patient history and physical dated 10/6/04 2 pages
Progress report dated 11/22/04 2 pages
Patient history and physical dated 1/11/05 2 pages
Progress report dated 1/25/05 2 pages
New patient evaluation dated 2/2/05 2 pages
Prescription for PT dated 2/3/05 1 page
Progress report dated 2/8/05 2 pages
Handwritten progress notes dated 3/5/05 1 page
Patient history and physical dated 3/8/05 2 pages
Follow up evaluation dated 3/15/05 1 page
Operative report dated 3/23/05 2 pages
Handwritten progress notes dated 4/9/05 1 page
Patient history and physical dated 4/25/05 2 pages
Patient history and physical dated 5/17/05 2 pages
Non-authorization letter from IMO dated 5/6/05 1 page
Non-authorization letter from IMO dated 5/6/05 1 page
Non-authorization letter from IMO dated 5/24/05 1 page
Patient history and physical dated 6/6/05 5 pages

FROM THE RESPONDENT:

Letter from Downs-Stanford dated 6/24/05 2 pages
Non-authorization letter from IMO dated 5/6/05 1 page
Non-authorization letter from IMO dated 5/24/05 1 page
Report of medical evaluation dated 6/6/05 1 page
Patient history and physical dated 6/6/05 5 pages
Copy of check to MRloA dated 6/22/05 1 page

Summary of Treatment/Case History:

The patient received conservative care that did not effectively control pain levels. His main complaint is that of non-radiating discogenic type pain. He reports that the pain does not radiate, this means that the pain is local and not dermatomal. This patient reports local pain and has both radiographic and MRI findings that are positive.

(continued)

Injections are not relieving of pain. NCV evaluation findings are positive. Discogram and tomography are the next logical diagnostics to perform to rule out disk pathology for a patient with local, continued unrelieving pain of this kind.

Questions for Review:

1. Pre-authorization denied for lumbar discogram with post computerized tomography levels L3-4, L4-5, L5-S1 – Medical necessity.

Explanation of Findings:

When conservative treatments fail, evaluation of a patient's condition and unrelieved pain must be addressed. The physicians in this case, have evaluated this patient through diagnostics, bone and nerve tissue and have prepared to evaluate disk material through the use of tomography and discogram. This is the reasonable and prudent choice for a patient with this type of pain that has not gone away. All other tissues such as bone and nerve have been effectively evaluated. It would be appropriate to evaluate the disk to determine if pathology of this tissue is a contributing and probable cause of this patient's continued pain.

Conclusion/Decision to Certify:

1. Pre-authorization denied for lumbar discogram with post computerized tomography levels L3-4, L4-5, L5-S1 – Medical necessity.

The discogram and tomography are medically necessary to rule out further pathology of this patient.

References Used in Support of Decision:

Medline Plus

Soft tissue Pain Recognition and management–Sheon

The physician providing this review is board certified in chiropractic medicine. The reviewer also holds additional certifications in Acupuncture and Orthopedics. The reviewer is a member of their state chiropractic association and is certified to provide reviews for the workers compensation commission as a designated doctor, RME and IME. The reviewer has been in active practice since 1998.

MRloA 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.

(continued)

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 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.

1166643.1

cb

cc: Requestor: Cheng Lee DC
Respondent: Downs and Stanford PC