

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1984-01
Name of Patient:	
Name of URA/Payer:	Fedex Freight East, Inc.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Kent Cooley, DC

July 26, 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: Jacob Rosenstein, MD  
Kent Cooley, DC  
Texas Workers Compensation Commission

CLINICAL HISTORY

Available documentation suggests that this individual experienced a lower back injury while lifting at work on \_\_\_\_\_. He appears to have presented to a chiropractor, Dr. Kent Cooley, who provided conservative care with limited improvement. A lumbar MRI is performed 01/22/05 suggesting disc protrusion at L4/5 and L5/S1 segments. Some minimal thecal sac involvement is noted without neural compromise or stenosis. Lumbar CT is performed 02/22/05 suggesting disc narrowing at L5/S1 with retrolisthesis and disc mildly indenting ample dura of the S1 nerve root without compression. Again, no foraminal compression noted. The patient is referred for neurosurgical assessment by a Jacob Rosenstein, MD, on 02/23/05. The patient appears to have had a series of ESIs that provided only temporary relief of pain. A 04/06/05 follow-up examination with Dr. Rosenstein suggests an essential normal motor and sensory evaluation with no significant nerve root tension signs present. The patient is released to light duty. Follow up again on 05/02/05 shows marked improvement with no significant neural deficits and the patient is taken off of narcotic pain medication. Dr. Rosenstein requests myelogram with post myelogram CT to assess for stenosis and nerve root compression.

REQUESTED SERVICE(S)

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

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical necessity for requested lumbar myelogram w/post CT scan is **not supported** by available documentation. Both MRI and CT

evaluation already performed suggests no significant neural compromise, stenosis or nerve root compression. Correlation of available clinical findings again suggest no significant neurological deficits and no specific medical necessity for myelogram and post myelogram CT.

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.
5. Canale TS, Campbell's Operative Orthopedics, 10th edition, Feb 2003, ISBN 0323012485

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 27<sup>th</sup> day of July 2005.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell