

July 27, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-05-1997-01 /  
CLIENT TRACKING NUMBER: M2-05-1997-01

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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 6/30/05 1 page  
Texas Workers Compensation Commission form dated 6/30/05 1 page  
Medical dispute resolution request/response form 1 page  
Provider form 1 page  
Table of disputed services 1 page  
Pre-authorization determination dated 5/27/05 2 pages  
Letter from Dr. Rosenstein, MD dated 5/26/05 1 page  
Pre-authorization determination dated 6/6/05 2 pages

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FROM THE RESPONDENT:

Letter from Melonie Justiss, AIC dated 7/15/05 1 page  
Determination denial dated 5/26/05 1 page  
Determination appeal dated 6/3/05 1 page  
Notice of Independent review decision dated 5/31/04 3 pages  
Medical record review dated 3/11/03 7 pages  
Medical record review addendum dated 4/1/03 2 pages  
Letter from Dr. Barrash, MD dated 10/12/04 3 pages  
Peer review report dated 7/6/05 5 pages  
Fax cover sheet from Utica National Insurance dated 7/15/05 1 page

FROM THE REQUESTOR:

Fax cover sheet from North Texas Neurosurgical Consultants 1 page  
Prospective review M2 letter dated 6/30/05 1 page  
Follow up visit notes dated 7/7/05 2 pages  
Medical conference note dated 6/3/05 1 page  
Medical conference note dated 5/26/05 1 page  
Follow up visit notes dated 5/16/05 1 page  
Copy of paycheck dated 7/18/05 1 page  
Order for payment of independent review organization fee dated 7/12/05 2 pages

**Summary of Treatment/Case History:**

The records reviewed show only current records from 5/05 to 7/05, and these do not give a lot of details regards case history. Based on the medical reports, these indicate a slip and fall accident on \_\_\_\_\_. On 12/02/97, a fusion at L5-S1 with cages was done. The diagnosis was never clear, but it was a probable ruptured disc and degenerative disc disease. Since then, the patient has had several facet injections; the exact number and dates they were done are not clear, except the last was on 9/05/03 that gave 80% relief. With these injections and Feldene, Hydrocodone and Carisoprodol, the patient has been working full time.

On 5/16/05, Dr Rosenstein, who probably has not seen the individual since his last facet block of 9/05/03, (the record is not clear), on follow up visit said there had been a recent flare up of back pain, however, exactly when was not stated.

Based on his history and physical examination, he made a diagnosis of facet syndrome, and requested authorization for facet blocks at L2-3, L3-4, and L4-5. This was denied and has been appealed.

**Questions for Review:**

1. Item(s) in Dispute: Pre-authorization denied for bilateral facet injections L2-3, L3-4, and L4-5 x 1 session.

**Explanation of Findings:**

The only records available regarding this patient's current condition shows the individual has chronic low back pain with a recent flare up. His physician has blocked certain joints in his back before with medicine, and wants to repeat this, as they have helped his pain in the past

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**Conclusion/Decision to Certify:**

All the information listed above shows only the current records of Dr. Rosenstein from 5/16/05 – 7/17/05. Based on his history and physical examination, and having followed this individual for years, the physician has established a diagnosis of facet syndrome.

Based on the reference cited below, the bibliography of which has seven other references to the lumbar facet syndrome, and its treatment, this reviewer recommends certification. Cition shows there is contriversion about lumbar facet syndrome, and its treatment, this individual has had them in the past, and the last one being almost two years ago. They give relief of pain and he is able to therefore work, certification is recommended.

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

Practical Management of Pain, P. Prithri Raj, Editor, W. B. Saunders, 2002Part V Technique of Pain Management, Section C Special Techniques, Chapter 5 Facet Syndromes and Blocks.

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The specialist providing this review is board certified in Neurosurgery. The reviewer has served as the chief Neurosurgeon at several VA Hospitals throughout the country. The reviewer is a member of the American Medical Association, the American College of Surgeons, the American Paraplegia Society, Congress of Neurological Surgeons and the American Association of Neurosurgeons. The Reviewer has served as an association professor, assistant professor and clinical instructor at the university level. The reviewer also has publishing, presentation and research experience within their specialty. The reviewer has been in active practice for over 20 years.

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.

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: Requestor: Jacob Rosenstein  
Respondent: Utica National Ins Co.