

July 26, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-2048-01
CLIENT TRACKING NUMBER: M2-05-2048-01

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 Received from the State, 7/15/05

Notification of IRO Assignment, 7/15/05
IRO Assignment Letter, 7/15/05
Medical Dispute Resolution Request/Response forms
Provider Lists
Table of Disputed Services
Denial letter, Forte, 6/8/05
Notice of Intent to Issue an Adverse Determination, 5/24/05

(continued)

Records received from the state, 7/21/05

Texas Workers Compensation Commission notice of receipt of Medical Dispute Resolution, 7/1/05

Medical Dispute Resolution Request/Response form

Table of Disputed Services

Provider Lists

Radiology report, lumbar spine, 1/21/99

Radiology report, lumbar spine, 5/17/99

Radiology report, lumbar spine, 8/2/99

Radiology report, lumbar spine, 11/8/99

Radiology report, lumbar myelogram, 1/25/00

Radiology report, CT scan, lumbar spine, 3/10/00

Letter from Jack Ziger, MD, 10/24/01

Progress notes, Ralph Rashbaum, MD, 2/12/97, 12/2/97, 11/1/01, 4/11/02, 10/31/02, 5/22/03, 10/2/03, 11/20/03, 2/26/04, 7/1/04, 7/30/04, 9/9/04, 10/7/04,

Psychological testing, David Hanks, PhD, 1/10/02

Presurgical Evaluation, David Hanks, PhD, 1/10/02

TWCC Pre-Authorization Report and Notification, 1/16/02

Radiology report, 2/4/02

Family Care Center Progress Notes, 2/4/02, 2/8/02, 3/12/02

Operative reports, 2/13/02

Operative reports, 2/27/02

Letter from Jack Zigler, MD, 3/13/02

Progress Notes, David Hanks, PhD, 3/19/02, 3/27/02, 4/18/02, 4/25/02, 5/14/02

Retrospective Review, Ralph Renshaw, MD, 7/2/03

New patient consultation, Carl D'Agostino, MD, 1/12/05

Lab reports, 2/8/05

Progress note, Carl D'Agostino, MD, 2/8/05, 3/9/05, 3/15/05

Letter from Texas Back Institute regarding feed for duplication of records, 2/21/05

Radiology report, lumbar spine, 3/10/05

Radiology report, lumbar spine, 5/5/05

Initial Consultation, AT Carrasco, MD, 5/18/05

Follow up examination, AT Carrasco, MD, 5/18/05, 5/24/05

Letter of appeal, AT Carrasco, MD, 6/3/05

Laboratory report, 5/24/05

Diagnostic study, NEBH, 5/23/05

Notice of Intent to Issue an Adverse Determination, 5/24/05

Preauthorization request, Carrasco Pain Institute, undated

Case notes, 3 pages

Appeal Decision memo, 6/6/05

Notice of Utilization Review Findings letters, 6/7/05, 6/8/05

Letter to patient, Forte, 6/8/05

E-mail from Talina Tovar, Appeals Coordinator, 6/7/05

Letter from Joel Wilk, MD, Forte, 6/6/05

(continued)

Letter of Agreement, Forte, 6/6/05
Medical Dispute Resolution Request/Response form
Provider Lists
Table of Disputed Services
Texas Workers Compensation Commission Statement of Pharmacy Services
Court Authorized Notice of a Proposed Class Action Settlement
IMED, Inc. IRO assignment notice, 6/30/05
IMED fax coversheet, 7/5/05
Texas Application for Payee Identification Number, 7/5/05
Fax Coversheet, State Office of Risk Management, 7/5/05
Invoice, George Cole, DO, blank
IMED Retrospective IRO Peer Review Referral Form
Letter from State Office of Risk Management, 7/7/05

Records from Respondent 7/22/05

Medical Dispute Resolution Request/Response form
Provider Lists
Table of Disputed Services
Psychological testing, David Hanks, PhD, 1/10/02
Radiology report, 2/4/05
Radiology report, 5/5/05
Diagnostic study, NEBH, 5/23/05
Radiology report, lumbar spine, 3/10/05
Letter from Jack Ziger, MD, 10/24/01
Progress notes, Ralph Rashbaum, MD, 2/12/97, 11/1/01, 12/6/01, 4/11/02, 10/31/02, 5/22/03, 10/2/03, 11/20/03, 2/26/04, 7/1/04, 7/30/04, 9/9/04, 9/16/04, 10/7/04
Presurgical Evaluation, David Hanks, PhD, 1/10/02
Operative reports, 2/27/02
Surgery scheduling checklist, 12/6/01
TWCC Pre-Authorization Report & Notification, 1/6/02
Operative reports, 2/13/02
Family Care Center Progress Notes, 2/4/02, 2/8/02, 3/12/02
Progress Notes, David Hanks, PhD, 3/19/02, 3/27/02, 4/18/02, 4/25/02, 5/14/02
Letter from Jack Zigler, MD, 3/13/02
New patient consultation, Carl D'Agostino, MD, 1/12/05
Progress note, Carl D'Agostino, MD, 2/8/05, 3/9/05, 3/15/05
Letter from Texas Back Institute regarding feed for duplication of records, 2/21/05
Initial Consultation, AT Carrasco, MD, 5/18/05
Follow up examination, AT Carrasco, MD, 5/18/05, 5/24/05
Laboratory report, 5/24/05
Retrospective Review, Ralph Renshaw, MD, 7/2/03
Notice of Utilization Review Findings letters, 6/7/05, 6/8/05

(continued)

Letter to patient, Forte, 6/8/05
E-mail from Talina Tovar, Appeals Coordinator, 6/7/05
Case notes, 3 pages
Appeal Decision memo, 6/6/05
Fax Coversheet, Carrasco Pain Institute, 6/6/05
Preauthorization request, Carrasco Pain Institute, undated
Letter of appeal, AT Carrasco, MD, 6/3/05
Follow up examination, AT Carrasco, MD, 5/18/05, 5/24/05
Acknowledgement of reconsideration request letters, Forte
Letter of Agreement, Forte, 6/6/05

Records Received from AT Carrasco, 7/18/05

Fax Coversheet, 7/18/05
Fax Coversheet, 7/15/05
Letter of appeal, AT Carrasco, MD, 6/3/05
Follow up examination, AT Carrasco, MD, 5/18/05, 5/24/05
Diagnostic study, NEBH, 5/23/05

Summary of Treatment/Case History:

The claimant is a 65 year-old gentleman who allegedly suffered a workplace injury on ____.
Subsequently, he developed low back pain and underwent two spinal operations in 1998 and 2000. A spinal cord stimulator was implanted later. Despite this treatment and a great deal of conservative treatment as well, he continues to have low back pain radiating down both legs. Physical examination reveals trigger points in the lumbar musculature as well as pain on stretching of the psoas muscles.

Questions for Review:

Pre-authorization request denied left then right psoas block and 4-6 trigger point injections.

1. Please advise on medical necessity for left then right psoas block and 4-6 trigger point injections over two visits.

Explanation of Findings:

The claimant has a well-established post laminectomy syndrome, which is only partly controlled by spinal cord stimulation. The physician has found some apparent trigger points in the lower lumbar and buttock muscles and "positive psoas maneuver." Although trigger point injections would make sense as a prognostic maneuver, it is not clear what a psoas compartment block would show. The psoas compartment block produces blockade of most of the lumbar plexus and would be expected to relieve the radiating pain from any source except, perhaps radiculopathy, and this cannot be ruled out entirely because of the possibility of leakage of the local anesthetic from the psoas compartment into the epidural space and contiguous areas. Thus, the purpose of the psoas compartment blocks in the elucidation of the causes of the gentleman's pain, and their treatment is not clear. Thus the TWCC definition of medical necessity is not satisfied in this case.

(continued)

Conclusion:

1. Please advise on medical necessity for left then right psoas block and 4-6 trigger point injections over two visits.

Decision to Certify:

One set of trigger point injections is medically necessary.

Decision to Not Certify:

The requested psoas compartment blocks are not medically necessary.

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

Texas Definition of Medical Necessity (Texas Labor Code §408.021):

An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

- 1) Cures or relieves the effects naturally resulting from the compensable injury;
- 2) Promotes recovery, or enhances the ability of the employee to return to or retain employment

References Used in Support of Decision:

Brooks, D M (2000). Psoas compartment block. CRNA 11:62-5

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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.

(continued)

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

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.

1171232.1

vso

cc: Requestor
Respondant