

IRO America Inc.

An Independent Review Organization

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Amended December 12, 2005

December 6, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TDI-DWC #:

MDR Tracking #:

IRO #:

M2-05-2107-01

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Office notes 01/26/05, 01/31/05, 02/10/05, 05/03/05, 06/03/05, 08/05/05, 09/07/05, 10/10/05, and 11/10/05
- MRI lumbar spine 02/22/05
- Peer review 06/10/05. 06/22/05

CLINICAL HISTORY

Under dispute is the medical necessity of lumbar transforaminal epidural steroid injection at the left L5 and S1 for this 46-year old police officer who reportedly sustained injuries from a fall on approximately _____. The records provided indicated he was seen for treatment on 01/26/05 with complaints of pain in the lower back with radiation into the left leg, bruising to the right leg and thigh and left knee pain. Clinical findings noted tenderness to the lumbosacral region, a positive straight leg raise, decreased motion in the left knee with crepitus and tenderness to the joint space. The assessment was acute back pain secondary to lumbosacral strain and radiculopathy, severe ankle sprain and left knee sprain. Treatment consisted of medications, complete bed rest and physical therapy.

The Patient continued with low back pain. An MRI of the lumbar spine on 02/22/05 revealed a 1-2 mm annular disc bulge at L1-2 pressing against the anterior thecal sac. There was bilateral facet hypertrophy noted at L4-5 and at L5-S1 causing narrowing of the lateral recesses on both sides. An office note on 06/03/05 made reference to electrodiagnostic studies that demonstrated L1 and L3 radiculopathy. The Patient was referred to a neurosurgeon who recommended lumbar transforaminal epidural steroid injections at L5 and S1. This request was non-certified.

The Patient continued with low back pain and decreased lumbar range of motion. Reflexes remained intact and symmetrical. After a functional capacity evaluation, the claimant was released for light duty on 10/10/05. He continued with a work hardening program.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Lumbar transforaminal epidural steroid injections left L5 and left S1.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The reviewer agrees with the determination of the insurance carrier in this case. There is no documentation of any significant radicular component to The Patient's symptoms nor is there any evidence of nerve root compression on the MRI at the levels indicated for injection. The MRI has identified a disc protrusion at L1-2 with no indication of nerve root entrapment and no documentation of nerve root compromise at levels L5 and S1. As such there are no exam findings documenting left sided radicular symptoms or objective evidence of nerve root compression that would correlate with his MRI findings. In addition, the medical literature does not support the efficacy of epidural steroid injection for the treatment of back pain even with radiculopathy when the symptoms have been present for greater than 3 months.

Screening Criteria

1. Specific:

ACOEM Chapter 12, page 30

Orthopedic Knowledge Update 8, Vaccaro, editor, Chapter 11, page 133

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

Cc: Fernando T. Avila, MD
Attn: Lupita
Fax: 956-630-1999

TML Intergov. Risk Pool / FOL
Attn: Katie Foster
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Rene Vela, MD
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Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or The Patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 6th day of December, 2005.

Name and Signature of IRO America Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer