

September 7, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-2144-01

CLIENT TRACKING NUMBER: M2-05-2144-01-5278

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:

Records Received from the State:

- Notification of IRO Assignment, dated 08/22/05 - 1 page
- Texas Workers' Compensation Commission Form, dated 08/22/05 - 7 pages
- Letter from Concentra to Charles Willis, dated 06/02/05 - 1 page
- Letter from Concentra to ____, dated 06/14/05 - 1 page
- TWCC - 21 Dispute, dated 08/24/00 - 1 page
- Peer Review, dated 10/30/02 - 1 page
- Payment of Compensation or Notice of Refused/Disputed Claim, dated 01/07/03 - 1 page

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Records Received from the Insurance Company:

- Letter from Law Office of Jeffrey Lust, dated 08/29/05 - 2 pages
- HCFA 1500 Claim Form, dated 02/05/04 - 1 page
- Letter from Dr. Swords, dated 05/07/04 - 9 pages
- Medical Report, dated 02/04/04 - 2 pages
- Medical Report, dated 03/03/04 - 2 pages
- Medical Report, dated 04/12/04 - 2 pages
- Medical Report, dated 07/01/04 - 3 pages
- Letter from Dr. Washington, dated 01/02 - 1 page
- Initial Consultation Report, dated 07/12/04 - 5 pages
- Anesthesia Record, dated 08/17/04 - 1 page
- Recovery Room Record, dated 08/17/04 - 1 page
- Letter from Donna James, dated 08/19/04 - 1 page
- Texas Workers' Compensation Commission Advisory 2003-13, undated - 1 page
- Texas Workers' Compensation Commission Advisory 2003-11, undated - 1 page
- Medicare Carriers Manual Part 3 - Claims Process, dated 08/28/02 - 3 pages
- Letter from Donna James, dated 08/19/04 - 1 page
- Medical Report, dated 09/08/04 - 3 pages
- Letter from Dr. Washington, dated 01/02 - 1 page
- Procedure Note, dated 08/17/04 - 2 pages
- Follow-Up Report, dated 08/30/04 - 1 page
- Medical Report, dated 10/11/04 - 3 pages
- Letter from Dr. Washington, dated 01/02 - 1 page
- Medical Report, dated 11/03/04 - 3 pages
- Letter from Dr. Washington, dated 01/02 - 1 page
- Billing Sheet, dated 11/04/04 - 2 pages
- Anesthesia Record, dated 11/04/04 - 1 page
- Recovery Room Record, dated 11/04/04 - 1 page
- Follow-Up Report, dated 10/18/04 - 1 page
- Medical Report, dated 12/07/04 - 3 pages
- Letter from Dr. Washington, dated 01/02 - 1 page
- Follow-Up Report, dated 12/02/04 - 1 page
- Medical Report, dated 01/11/05 - 2 pages
- Letter from Dr. Washington, undated - 1 page
- Follow-Up Report, dated 12/23/04 - 1 page
- Medical Report, dated 02/10/05 - 3 pages
- Letter from Dr. Washington, dated 01/02 - 1 page
- Follow-Up Report, dated 04/07/05 - 1 page
- Medical Report, dated 04/12/05 - 3 pages
- Letter from Dr. Washington, dated 01/02 - 1 page
- Letter from Dr. Washington, dated 01/02 - 1 page
- Medical Report, dated 05/17/05 - 3 pages
- Letter from Dr. Washington, dated 01/02 - 1 page

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- Follow-Up Report, dated 06/13/05 - 1 page
- Medical Report, dated 07/12/05 - 3 pages
- Letter from Dr. Washington, dated 01/02 - 1 page
- Letter from the Law Offices of Jeffrey Lust, dated 08/30/05 - 2 pages
- Letter from Dr. Tonn to Jay Clement, dated 06/16/02 - 3 pages
- Fax Cover Sheet, dated 08/30/05 - 1 page
- Concentra UR Peer Review Summary Appeal Denial, undated - 2 pages
- Texas Workers' Compensation Commission Hearings Division, Decision and Order, undated - 3 pages
- List of Prescriptions and Charges, dated 03/30/02 - 2 pages
- Progress Notes, dated 12/05/00-11/19/01 - 2 pages
- Chart Notes, dated 01/23/01 - 1 page
- DME Prescription, dated 01/11/01 - 1 page
- Chart Notes, dated 02/02/01-02/16/01 - 2 pages
- Vocational/Stress Management Clinic Note, dated 02/14/01 - 2 pages
- DME Prescription, dated 02/19/01 - 03/15/01 - 2 pages
- Medical Necessity Information - 2 pages
- Texas Workers' Compensation Work Status Report, undated - 1 page
- Prescription, dated 05/24/01 - 1 page
- Coats Aloe International Prescription, dated 06/15/01 - 1 page
- Letter from Dr. Drummond, dated 10/24/01 - 1 page
- Progress Notes, dated 10/02/00-06/16/01 - 2 pages
- Letter of Medical Necessity, dated 01/11/01 - 1 page
- Letter from the Law Offices of Jeffrey Lust, dated 08/31/05 - 2 pages
- Evaluation Report, dated 08/10/05 - 5 pages

Records Received from Dr. Charles Willis:

- Initial Consultation Report, dated 07/12/04 - 3 pages
- MRI of the Lumbar Spine Report, dated 09/12/00 - 1 page
- Procedure Note, dated 08/17/04 - 2 pages
- Follow-Up Report, dated 08/30/04-10/18/04 - 3 pages
- Procedure Note, dated 11/04/04 - 2 pages
- Anesthesia Record, dated 11/04/04 - 1 page
- Follow-Up Report, dated 11/11/04-06/13/05 - 7 pages

Summary of Treatment/Case History:

The claimant is a 65-year-old lady who allegedly suffered a workplace injury in _____. Subsequently she developed neck and shoulder pain. Apparently she has also developed axial back pain. Physical examination reveals slight diminution of motor strength in the right leg and sensory diminution in the right L4 and L5 dermatomes. Straight leg raising was negative bilaterally. An MRI of the lumbar spine revealed degenerative facet disease and an annular bulge at L5-S1. Medical management with oral opioids and other medications has not improved her pain.

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Questions for Review:

Item in dispute: Preauthorization request Lumbar epidural (ESI) L5-S1.

Explanation of Findings:

The claimant does not meet the selection criteria for epidural steroid injection which are listed below. In particular, the history does not reflect complaints of pain radiating below the knee in a dermatomal distribution. Furthermore, the straight leg raising test is negative. The subjective numbness and slight weakness could be due to neuropathy or any one of a number of causes. In the absence of definite signs and physical findings of lumbar radiculopathy, an epidural steroid injection is not medically necessary.

Conclusion/Decision to Not Certify:

Do not certify the requested lumbar epidural steroid injection(s).

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

Appropriate selection criteria for lumbar epidural steroid injections are:

- 1) Acute radiculopathy evidenced by pain radiating below the knee in a dermatomal distribution of one or more of the lumbar dermatomes, and
- 2) Reproduction of the radiating pain by straight leg raising to 70 degrees or less, or
- 3) Reproducible neurological abnormalities such as dermatomal sensory diminution or myotomal motor weakness on the side of the pain, or
- 4) Electrophysiological findings consistent with lumbar radiculopathy.
- 5) Any previous epidural steroid injections have provided significant and progressive improvement in the pain.

References Used in Support of Decision:

Buchner, M, et al. (2000). Epidural corticosteroid injection in the conservative management of sciatica. Clin Orthop 149-56.

Abram, S E (1999). Treatment of lumbosacral radiculopathy with epidural steroids. Anesthesiology 91:1937-41.

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

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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.

MRIOA 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

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

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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 and Respondent