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NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 19, 2005

Requester/ Respondent Address:

DWC
Attention: Gloria Covarrubias
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

A. T. Carrasco, MD
Fax: 210-614-4525
Phone: 210-614-4825

Ace Insurance Co of America
Attn: Javier Gonzalez
Fax: 512-394-1412
Phone: 512-394-1442

RE: Injured Worker:

MDR Tracking #: M2-05-2265-01

IRO Certificate #: IRO 5263

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The TDI/Division of Workers' Compensation (DWC) has assigned the above referenced case to Forté for independent review in accordance with Texas Insurance Code 21.58C and the rules of TDI/DWC which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Anesthesiology/Pain Management reviewer (who is board certified in Anesthesiology/Pain Management) who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Treating Doctor:

- MRI of the lumbar spine dated 12/4/00
- Office notes from Dr. Carrasco; first note dated 7/20/97 and last note dated 9/6/05 for a total of 17 office visits

- Procedure notes from Dr. Carrasco's office; first note dated 8/6/97 and most recent note dated 4/20/05 for a total of 10. Office notes include epidural steroid injections, trigger point injections, psoas block injections.

Submitted by Respondent:

- MRI of the lumbar spine dated 12/4/00
- Plain films of the cervical spine dated 3/29/94
- Plain films of the left shoulder dated 11/16/93
- EMG/NCS of the upper extremities dated 8/18/94 performed by Dr. Roman
- Office note from Dr. Carrasco; first note dated 7/25/97 and last note dated 7/7/05 for a total of 13 office visits.
- Procedure notes from Dr. Carrasco's office; first note dated 8/6/97 and last note dated 2/16/05 for a total of 8.
- Office notes from Dr. Bacon; first note dated 5/19/95 and last note dated 1/3/97 for a total of 10.
- Office visits from Dr. Barker; first note dated 5/30/95 and last note dated 3/11/01 for a total of 13.
- Office notes from Dr. Vasquez-Seoane; two notes submitted dated 7/11/94 and 8/31/94
- Office notes from Dr. Sledge; first note dated 11/16/93 and last note dated 11/4/94 for a total of 9.
- Review from Dr. Nelson dated 5/10/04
- Physical therapy notes from the Work Center dated January-April 1996
- Physical therapy notes from Neuromuscular Associates in San Antonio dated May-June 1999
- Physical therapy notes from Alamo Physical Therapy dated June-July 1997
- Impairment rating from Dr. Barker dated 4/29/96
- Impairment rating from Dr. Hall dated 5/28/96

Clinical History

The patient while at work slipped on some oil landing on her back, causing injury to the back, neck and the left shoulder. Initial imaging studies including x-rays of the neck and shoulder were reported as normal. EMG/NCV studies of the upper extremity also reported as normal. The patient was given a diagnosis of myofascial pain, cervical and lumbar strain and possible shoulder strain. The patient has had mainly conservative care for this and has seen multiple different physicians. She has been treated with trigger point injections, epidurals and occasional shoulder injections. The patient also had several chemo denervations with botulinum toxin. The patient has been through physical therapy at least three separate times. There is one MRI from December of 2004, which shows degenerative change of the lumbar spine, no significant stenosis and no disc herniation is identified.

Requested Service(s)

Lumbar epidural steroid injection and trigger point injection times four (4).

Decision

I agree with the insurance carrier that the requested services are not medically necessary.

Rationale/Basis for Decision

The patient has not consistently complained of radicular symptomatology, which is the indication for epidural steroid injections. This is the basis for original denial of the request. Also, the patient has had multiple epidural injections. There is no objective documentation as to the benefit from these injections. This documentation would include decreased medication usage, increased range of motion and functioning. There is some subjective evidence that this is very minimal, at best. The patient also has had multiple trigger point injections again without documentation of any sustained efficacy from these injections. The patient seems to function at about the same level regardless of any injections being provided. In conclusion, this denial is based on inadequate documentation of any short term or long term benefit provided by previous injections. Also, there is little documentation of rationale for performing the epidural steroid injections.

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.

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

Fax: 512-804-4011

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

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and DWC via facsimile or U.S. Postal Service from the office of the IRO on this 19th day of October 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder