

October 3, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-05-2271-01/5278

CLIENT TRACKING NUMBER: M2-05-2271-01

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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:**

Records Received From the State:

Notification of IRO assignment – 2 pages

Medical Dispute Resolution Request/Response – 2 pages

Table of Disputed Services – 1 page

Notification from UniMed Direct LLC – 2 pages

Records Received From the Requestor:

History from Eric Wieser, MD – 2 pages

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History from M. Todd Daniels, MD - 1 page  
Letter to Ms. Guillen from Frank H. Swords, DO - 9 pages  
TWCC-69 - 1 page  
Letter from Paul L. Patrick, DO - 2 pages  
Supplemental Information on \_\_\_\_, Review of Medical History, Physical Exam - 6 pages  
Final MRI report from South Arlington Imaging Center - 1 page

Records Received from the Respondent:

Employer's first report of injury or illness - 1 page  
Claim Inquiry Main - 1 page  
Letters from Paul L. Patrick, DO - 12 pages  
Supplemental Information on \_\_\_\_\_, Review of Medical History, Physical Exam - 39 pages  
Notice from Southwest Medical Examination Services, Inc. - 2 pages  
Histories from M. Todd Daniels, MD - 2 pages  
Histories from Eric Wieser, MD - 2 pages  
Photo-Stat, LP invoices - 1 page  
Letters to Dr. E. Scott Wieser from John H. Harney, MD - 3 pages  
Letters to Dr. Abbass Sekhavat from John H. Harney, MD - 2 page  
Neurological Updates from John H. Harney, MD - 12 pages  
Needle Electrode Studies and Nerve Conduction Studies Reports - 5 pages  
Letters to Dr. Annie Hoang from John H. Harney, MD - 2 pages  
Neurological Evaluation - 2 pages  
Lab results - 4 pages  
Letter to Ms. Guillen from Frank H. Swords, DO - 9 pages  
Operative report 6/22/05 - 2 pages  
New patient consultation - 4 pages  
Physician Records from Trinity West Urgent Care - 49 pages  
Chart notes from Richard Yentis, MD - 46 pages  
The Burns Depression Checklist - 1 page  
Letters from Richard Yentis, MD - 3 pages  
Diagnostic checklist for ADHD - 1 page  
The Mood Disorder Questionnaire - 1 page  
Anxiety Index form - 1 page  
Y-BOCS symptom checklist - 1 page  
Note to the treating doctor - 2 pages  
USMD Hospital at Arlington Radiology Report - 7 pages  
Confirmations of Prescription and Letters of Medical Necessity - 3 pages  
Letters of Medical Necessity from Sherril E. Durbin, DO - 2 pages  
Request for Reconsideration - 1 page  
Radiology Procedures Charge lists - 5 pages  
Radiology report from Phyllis Frostenson, MD - 19 pages  
Payment exception code listing - 1 page  
Conscious sedation/analgesia flow sheets - 4 pages

History and Physical from Phyllis Frostenson, MD - 2 pages  
Chart notes from Southwestern Medical Center - 3 pages  
Histories from Christine Huynh, MD - 2 pages  
Letters from Carlos Acosta, MD - 4 pages  
Letter to Ms. Guillen from William H. Mitchell, MD - 8 pages  
Medical records from USMD Hospital at Arlington - 11 pages  
USMD Hospital at Arlington Radiology Requisition - 1 page  
Letter to \_\_\_ from William Mitchell, MD - 1 page  
Arlington Memorial Outpatient Rehab Services initial form - 1 page  
Arlington Memorial Outpatient Rehab Services chart notes - 10 pages  
Lumbar Spine Assessment - 3 pages  
Arlington Memorial Hospital Lumbar Discharge - 2 pages  
Letter from Dr. Thu A. Hoang, MD - 1 page  
Letters from Dr. John Harney, MD - 2 pages  
MRI Lumbar Spine w/o contrast report - 2 pages  
Texas Worker's Compensation Work Status Reports - 31 pages  
Concentra Medical Centers Therapy Initial Evaluation - 1 page  
Concentra Medical Centers Physical Therapy chart notes - 23 pages  
TWCC-69 - 8 pages

Records Received from Dr. John Harney, MD:

MRI Lumbar w/o Contrast final report - 1 page  
Letters to Dr. E. Scott Wieser from John H. Harney, MD - 3 pages  
Chart notes - 2 pages  
Letters to Dr. Abbass Sekhavat from John H. Harney, MD - 1 page  
Neurological Update - 7 pages  
Needle Electrode Studies and Nerve Conduction Studies reports - 3 pages  
Letters to Dr. T. Annie Hoang from John H. Harney, MD - 3 pages  
Neurological Evaluation - 2 pages  
Lab results - 4 pages

Records Received from Arlington Orthopedic:

Chart notes - 9 pages  
General form - 1 page  
Review of systems form - 1 page  
Financial policy - 1 page  
Letters to Dr. E. Scott Wieser from John H. Harney, MD - 2 pages  
New patient consultation - 4 pages  
Notification from UniMed Direct LLC - 2 pages  
Pre-authorization Intake form - 2 pages  
Patient update - 6 pages  
Workman's Comp Claim Form Information - 2 pages  
MRI Lumbar w/o contrast final report - 2 pages

FYI - 3 pages

USMD Hospital at Arlington Radiology reports - 7 pages

MRI of Left Elbow report - 1 page

X-ray of left elbow report - 1 page

Patient order forms - 2 pages

Texas Worker's Compensation Work Status Report - 1 page

Workers' Compensation Correspondence - 1 page

Pain Management Disclosure - 2 pages

Pre-op instructions - 1 page

**Summary of Treatment/Case History:**

The patient is a 62-year-old male who was injured on \_\_\_ trying to lift a compressor. He fell backwards on his tailbone and felt burning pain in shoulder, back, and legs and could not move. He was on light duty from 7/3/03-5/10/04 and has not worked since. His complaints are thoracic and low back pain radiating to lower extremities with numbness in right lower extremity. His examination reveals no consistent neurologic deficits and his imaging studies indicate chronic arthritic and mild stenotic changes consistent with aging, there are no disc herniations. There is a history of fibromyalgia for three years prior to injury. His original visit to Dr. Harney on 7/29/03 in regard to chronic fibromyalgia and there is no mention of the \_\_\_ injury. His IME's both show positive Waddell findings.

**Questions for Review:**

Preauthorization was denied for translaminar lumbar epidural steroid injection at level L3-4.

**Explanation of Findings:**

Preauthorization was denied for translaminar lumbar epidural steroid injection at level L3-4.

The translaminar lumbar epidural steroid injections at level L3-4 are not medically necessary.

The patient has had multiple epidural steroid injections with minimal benefit and no lasting relief. Epidural steroids are not indicated for chronic degenerative lumbar pain, which this gentleman has. His radicular symptoms are secondary to a chronic condition and epidural steroids will not be of lasting therapeutic value.

**Conclusion:**

The translaminar lumbar epidural steroid injections at level L3-4 are not medically necessary.

**References Used in Support of Decision:**

1. AHCPR Guideline #14 Low Back Pain in Adults pp 47-48
2. AAOS - North American Spine Society Algorithm on low back pain

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The physician providing this review is board certified in Orthopedic Surgery. The reviewer holds additional certification from the American Board of Orthopaedic Surgery. The reviewer has served in capacity of executive committee member, credentials committee, chairman of the surgery department, board of directors and quality boards at various hospitals and medical centers. The reviewer currently serves as the Chief of Orthopedic Surgery at a VA Medical Center. The reviewer has been in active practice since 1970.

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, payer and/or URA, patient and the TWCC.

#### 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, 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 MRloA 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