

P – IRO

An Independent Review Organization
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November 8, 2005

TDI-DWC Medical Dispute Resolution
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Delivered via Fax

Patient / Injured Employee _____
TDI-DWC # _____
MDR Tracking #: M2-05-2316
IRO #: 5312

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

P-IRO 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. This case was reviewed by a licensed M.D. board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO 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, information provided by The Requestor, Respondent, and Treating Doctor(s), including: 10-10-05 TASB review9-20-5 Cable MD8-12-5 TASB letter of denial8-9-05 TASB letter of denial-26-5 Jones, PA7-26-5 TBI intake pt questionnaires7-26-5 Cable, MD7-21-05 Jasinski, DC7-15-5 TASB denial letter7-13-5 TASB6-30-5 Jasinski, DC6-22-5 Small MD6-21-5 Cable, MD6-16-5 J, DC-14-5 TASB approval letter6-2-5 J. 5-5-5 Jasinski,Initial ov4-7-5 MRI report, Islam MD.

CLINICAL HISTORY

1-25-5 OTJ cleaning window, bending > lb and leg.
4-7-5 MRI report, Islam MD. Intraform hnp R 51 compressing the nr at its exit > L5 NR
5-5-5 Jasinski, Initial ov. Nsaids. PT. r LEG TO f. n f. Diff adl. DD. MRI rpt. PE distress, dec FT
R C. Poss weak ehl but 5/5. + rts. "large hnp 51". Rec SNB R S1. No see MR.
6-2-5 J. Frustrated. Esi denied but referred to as "right sacroiliac selective nerve root block".
Denied because no objective ev of radic. But + drawing for S1, mri + large hnp R 51. DD also
said sciatica.
6-14-5 TASB approval letter. OKs R S1 SNB on reconsideration.
6-16-5 J, DC. 8-10/10. Worse. No rtw. Yet. Rec esi (approved 1st).
6-21-5 Cable, MD. HNP r 51 DX. Nsaids. Sig pain, no walk > 1 block. Leg >>back, "a little back
pain compared to the leg pain." PE R ehl4/5. +slr. Narc. Rec esi. No see MRI
6-22-5 Small MD right S1 nerve block op report.
6-30-5 Jasinski, DC. Inj gave 10-15% relief. Hoping to avoid disco and surg consult.
7-13-5 TASB. Dr. Stuart Small requested R SNB S1, #2.
7-15-5 TASB denial letter: 1st SNB gave no relief. 2nd SNB denied.
7-21-05 Jasinski, DC. Pt had 40% relief from first injection, therefore the 1st inj was successful.
7-26-5 Cable, MD, TBI. 1st ESI 10-15% relief. 2nd denied. Requires narcotic. Rel. Severe R leg
T,C,H, R F N. ADL severely affected. + rts. DX large hnp R 51. Rec 2nd esi.
7-26-5 TBI intake pt questionnaires. pain drawing. aLB, R B, pTpC. c/o mod LBP
7-26-5 Jones, PA, TBI. Rec 3 level disco. And surg consult.
8-9-05 TASB letter of denial. As below. And says that ACOEM does not rec its use.
8-12-5 TASB letter of denial. Discography denied, "discograms have questionable validity and
accuracy and are not useful tool for treatment plan."
8-25-5 Jasinski (J). L B new. R sciatica. No LBP mentioned. Mod. Frustrated over denials.
9-20-5 Cable MD. Carrier continues to deny care. Now bil leg. DD scheduled. Rel, narc,
neurontin. 10-15 % relief esi.
9-22-5 J bil leg.
10-10-05 TASB review. Upheld denial, quoting J, DC, "10-15 % relief, pain seemed to come
right back. Did not get as much relief as expected."

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of a second selective nerve block. The first block gave no relief. Discography denied, "discograms have questionable validity and accuracy and are not useful tool for treatment plan."

DETERMINATION / DECISION

The Reviewer partially agrees on both issues with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

1. Selective nerve block, S1. The Reviewer believes that this Patient is having severe pain and needs treatment. But, from the records, it is not clear that the S1 nerve is the symptomatic nerve. The radiologist is a bit vague, but the report indicates that The Patient has a right sided intraforaminal disc herniation "compressing the nerve root at its exit". *This would be the L5, not the S1 nerve root.* None of the providers, including those of the insurance carrier, seem to have had the films to review. They rely on the radiologist's report and might be misinterpreting the

nerve that is involved (S1). This might explain the patient's modest improvement with the first injection. Dr. Cable's physical exam was consistent with L5 nerve involvement. Before this patient is considered for another injection, one of the physicians should personally review the films to determine which nerve root is involved!

2. Discogram L34, L45, L5-S1. The Reviewer agrees with the carrier that a discogram should be denied, but for a different reason. The Reviewer has not seen documentation of a significant amount of back pain. On 6-21-5 Dr. Cable notes, "a little back pain compared to the leg pain." In The Reviewers opinion, discography should not be performed because the surgeon needs to make the call as to whether The Patient's back pain is significant enough to justify consideration of a fusion. Based on the documentation, it appears that it does not. The Reviewer disagrees with the carrier's opinion that discography should not be performed. There are compelling arguments both ways in the literature. This Patient should be sent to a surgeon.

Screening Criteria

1. 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

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

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

P-IRO 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,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer

Cc:

Gayle Jasinski
Fax: 432-561-9215

TASB Risk Mgmt. Fund
Attn: Jackie Rosga
Fax: 888-777-8272

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.

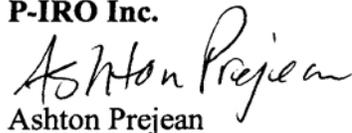
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the 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, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 8th day of November, 2005.

Name and Signature of P-IRO Representative:

Sincerely,
P-IRO Inc.



Ashton Prejean
President & Chief Resolutions Officer