

October 18, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-2323-01

CLIENT TRACKING NUMBER: M2-05-2323-01 / 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:

1. Texas Department of Insurance IRO Form-2 pages
2. Medical Dispute Resolution Request/Response-1 page
3. Table of Disputed Services-2 pages
4. Office Notes from Dr. Robert Walker PA-C, MPAS-2 pages
5. Liberty Mutual Letter-1 page
6. Letter from Dr. Tood M. Raabe MD-1 page
7. Liberty Mutual Letter-1 page
8. Liberty Mutual Utilization Management Department Letter-3 pages

(continued)

Records Received from Dr. Rosenfield and Dr. Raabe:

1. Fax Cover Sheet from Spinal Diagnostics and Interventional Pain Medicine-1 page
2. Letter from Case Analyst-Sheridan Anderson-1 page
3. Fax Cover Sheet from Spinal Diagnostics and Interventional Pain Medicine-1 page
4. Office Notes from Dr. Robert Walker PA-C, MPAS-1 page
5. Office Notes from Dr. Kurt Reuland MD-1 page
6. Medical Dispute Resolution Request/Response-1 page
7. Table of Disputed Services-2 pages
8. Case Report from Liberty Mutual-8 pages
9. Preliminary Radiology Report-3 pages
10. Physical Therapy Initial Evaluation and Plan of Care Notes-2 page
11. Physical Therapy Progress Re-Evaluation Notes-1 page
12. Azalea Orthopedic and Sports Medicine Clinic Notes-5 pages
13. Radiology Report-4 pages
14. Azalea Orthopedic and Sports Medicine Clinic Notes-1 page
15. Radiology Report-2 pages
16. MRI Radiology Report-1 page
17. Azalea Orthopedic and Sports Medicine Clinic Notes-1 pages

Records Received from Dr. Larry Evans:

1. Office Notes from Healthcare Solutions-2 pages
2. Office Notes from Dr. Larry Evans-4 pages
3. Office Notes from Dr. Laurence Rosenfield MD-3 pages
4. Office Notes from Dr. Larry Evans-3 pages
5. Operative Report-11 pages

Summary of Treatment/Case History:

The patient is a 48-year-old male with on the job low back injury on _____. He continues to complain of low back pain with occasional radiation to the left lower extremity. He had no reproducible neurologic deficits. MRI demonstrated disc protrusion at L4 to right and central L5-S1 protrusion. A discogram demonstrated pain at L5-S1 in 2004, subsequent IDET failed. He also had epidural steroids and facet blocks that ere ineffective. His complaints persist.

Questions for Review:

1. Items in dispute: pre-authorization denied for lumbar discogram at L4-5 and L5-S1. Advise medical necessity.

See below

2. Advise medical necessity. Do not comment on any enclosed plan language.

See below

Explanation of Findings:

I agree with the insurance carrier denial that the above services were not medically necessary.

There are no indications for discography in this patient. Discography is a controversial procedure that has little support in the peer reviewed medical literature.

(continued)

AHCPR Clinical Guideline #14 finds no clinical evidence to support the use of discography to diagnose the source of low back and it had no predictive value of effectiveness of invasive procedures.

The most specific and reliable study for spin diagnosis is MRI. Mr. ___ MRI showed only findings consistent with aging, not acute injury.

Eugene Carragee, et al, presented four studies from Stanford at the NASS proceedings in 1999 and 2000 that were prize winning papers that convincingly demonstrated the unreliability of discography in the emotionally disturbed or worker's compensation population with chronic low back pain.

The AAOS–North American Spine Society Algorithm for lumbar pain does not recommend discography in patients with Mr. ___ findings.

References Used in Support of Decision:

1. AHCPR Clinical Practice Guideline #14 US Dept of Health and Human Services 1994
2. AAOS–NASS Low Back Pain Algorithm, AAOS. Org. web site.
3. Carragee, et al, Proceedings NASS, 1999–2000

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.

MRloA 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

(continued)

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 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.

1183442.1

jg

cc: requestor and respondent