

P-IRO

An Independent Review Organization
7626 Parkview Circle
Austin, Texas 78731
Phone: 512-346-5040
Fax: 512-692-2924

November 8, 2005

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee _____
TDI-DWC # _____
MDR Tracking #: M2-05-2342-01
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: 12-13-00 MRI brachial plexus4-9-1 MRI C spine7-30-2 MRI T and L spine-19-2 Swann MD3-4 Muzza, MD9-14-4 X-ray neck11-10-4 Lenderman1-5-5 Lenderman

4-13-5 Muzza4-25-5 Muzza5-4-5 Muzza5-4-5 Linderamn5-9-5 Mazza, MD5-11-5 Lenderman, MD5-25-5 "Theagene, MD5-27-5 Murphy, MD6-21-5 Liberty Mutual letter of

denial6-29-5 Lenderman, md7-22-5 Liberty Mutual letter of denial7-26-5 Liberty Mutual letter of denial8-3-5 Lenderman, MD9-8-5 Liberty Mutual letter of denial9-29-5 Murphy, MD

CLINICAL HISTORY

6-8-98 OTJ

8-1999 Surgery, ACDF 56, 67.

12-13-00 MRI brachial plexus. Negative.

4-9-1 MRI C spine. Postop 56and 67. Small L hnp 45

7-30-2 MRI T and L spine.NI x dec signal 51, but no hnp or st.

9-19-2 Swann MD (from the Healthtrust report). "neck, bil UEs. Dx hnp 45. Pt wants surgery. Plan acdf.

9-3-4 Muzza, MD. Chronic neck.

9-14-4 X-ray neck. Post surg changes. F/E neg. ? bone bridging 56.

11-10-4 Lenderman. Swann feels 45 is nonoperative.

1-5-5 Lenderman

4-13-5 Muzza neck bil sh, chest

4-25-5 Muzza. Has had sever pain in neck since surgery (1999). Dx poss hnd. Meds, Depakote.

5-4-5 Muzza. NCV = cervical radic, poss hnp, poss brachial plexus lesion.

5-4-5 Linderamn. Doesn't feel comfortable detoxifying pt.

5-9-5 Mazza, MD pt c/o severe neck L sh, L arm, N bil Hands. Dx brachial plexitis and chronic cervical pain.

5-11-5 Lenderman, MD. Rec pmp and consult Dr. Swann to look at the 45 level. That may be a source of his problems.

5-25-5 "Theagene, MD" c/o neck, L arm, L arm N, Panic attacks, and D. Rec emg.

5-27-5 Murphy, MD. Pmp. Dx pt has radicular L arm pain. Rec scs.

6-21-5 Liberty Mutual letter of denial. Diagnosis is Myofascial syndrome. The neurologist felt that there's nothing surgical. Patient had an MRI in 2004 as well as a discogram. No explanation for the need for a repeat study.

6-29-5 Lenderman, md. Carrier claimed pt was noncompliant with Dr. Murphy, but this is not the case. The adjustor refused to talk to pt because he has an atty. Carrier rec pmp in Houston.

Lenderman Rec pmp in San Antonio, psych, and neurosurg and mri. Difficulties with carrier include rec of out of town pmp, refusal to cont narcotic (has been narc for a year), denial of mri, and won't talk to him because of atty.

7-20-5 Healthtrust Chronic Pain Management Psch report. See quotes above. From 9-02 until 3-05 there's not much documentation of symptoms, treatment, or response to the first surgery.Dx severe pain and emotional distress. Rec immediate psych intermentions.

7-22-5 Liberty Mutual letter of denial. "The claimant was informed that he had not surgical lesion and further orthopedic management was not warranted." Apparently referring to Lenderman who is an orthopedic surgeon.

7-26-5 Liberty Mutual letter of denial. No documentation of objective physical findings that could be related to his pain.

8-3-5 Lenderman, MD. s/p acdf 56 and 67. Pt has hnp at 45. The surgeon, Dr. Swann wants an updated mri (before rtc) because it was done several yrs ago. Treatment with Dr. Murphy for myofascial pain was denied by the carrier. Needs a neurosurg reeval as well as pmp. No rtw.

9-8-5 Liberty Mutual letter of denial. For mri.

9-29-5 Murphy, MD. c/o neck L arm, mid back, lb, L K, bil A. Pain drawing abnormal with diffuse head, neck, bil arm, chest, abd, lb, L K, and bil A.MD is concerned about discrepancies about med intake and strongly recommends an addictionologist.

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of Cervical MRI scan to assess the C4-5 disc. The carrier denied Dr. Lenderman's request for an MRI scan because, "The claimant was informed that he had not surgical lesion and further orthopedic management was not warranted" and that there is no documentation of objective physical findings that could be related to his pain.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

According to Dr. Linderman's note of 11-10-04, Dr. Swan, the neurosurgeon felt that the L45 level was nonoperative. Subsequent records reveal that The Patient is profoundly depressed and is addicted to narcotics. There are no documented findings of a neurological deficit requiring surgical intervention immediately. This Patient is at high risk for failure from any surgical procedure at this point, and he should comply with Dr. Murphy's recommendation to see an addictionologist. It would be reasonable for the patient to have a consultation with Dr. Swan for the purpose of determining if there are any objective findings supporting his complaints. If Dr. Swan feels that there are, then an MRI would be reasonable.

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 literature 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.

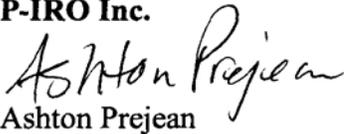
CERTIFICATION BY OFFICER

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: [Claimant]

Liberty Ins. Corp.
Attn: Carolyn Guard
Fax: 574-258-5349

Lawrence Landerman, M.D.
Fax: 210-616-0155

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.

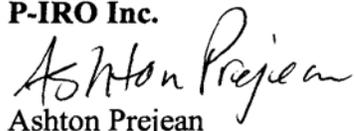
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the 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