

September 19, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-2363-01

CLIENT TRACKING NUMBER: M2-05-2363-01 / 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:

FROM THE STATE:

Notification of IRO Assignment dated 9/13/05 1 page
Texas Workers Compensation Commission form dated 9/13/05 1 page
Medical Dispute Resolution Request/Response form 2 pages
Table of disputed services 1 page
Provider sheet 1 page
Letter from IMO dated 8/11/05 1 page
Letter from IMO dated 8/4/05 1 page
IMO reconsideration process instructions 1 page
IMO Complaint process instructions 1 page
(continued)

Letter from Dr. Rosenstein, MD dated 8/3/05 1 page

FROM THE REQUESTOR DR. ROSENSTEIN:

Work status report dated 11/2/04 1 page

Work status report dated 10/22/04 1 page

Work status report dated 10/12/04 1 page

Workers compensation prescription dated 10/12/04 1 page

Work status report dated 10/13/04 1 page

Copy of prescriptions 1 page

Work status report dated 10/13/04 1 page

Work status report dated 11/18/04 1 page

Work status report dated 11/18/04 1 page

Notice to carrier of injury dated ____ 1 page

Email from Laryssa Stratton to Jose Babb dated 12/30/04 1 page

Letter from IMO dated 12/30/04 1 page

Work status report dated 12/17/04 1 page

Work status report dated 12/17/04 1 page

Email from Carol Ramos to Jose Babb dated 12/23/04 1 page

Email from Laryssa Stratton to Jose Babb dated 2/2/05 1 page

Letter from IMO dated 2/2/05 1 page

Email from Laryssa Stratton to Jose Babb dated 2/14/05 1 page

Letter from IMO dated 2/14/05 2 pages

Work status report dated 1/17/05 2 pages

Time sheet dated 10/8/04 1 page

Peer review from Dr. Holladay, MD dated 2/22/05 5 pages

Invoice from Med Confirm dated 2/15/05 1 page

Disability statement dated 2/17/05 1 page

Work status report dated 2/18/05 1 page

Request for designated doctor dated 2/14/05 2 pages

Preauthorization request sheet dated 4/7/05 2 pages

Letter from Dr. Rosenstein, MD dated 3/16/05 1 page

Preauthorization request sheet dated 4/7/05 1 page

MRI lumbar spine report dated 11/14/04 2 pages

History and physical dated 3/2/05 3 pages

Work status report dated 3/18/05 2 pages

Preauthorization request dated 4/7/05 1 page

History and physical dated 3/2/05 3 pages

Operative report dated 4/7/05 2 pages

Fax cover sheet from North Texas Neurosurgical Consultants 1 page

Work status report dated 4/15/05 1 page

Follow up notes dated 4/1/05 2 pages

Interval history dated 4/1/05 1 page

Automatic cover sheet dated 4/18/05 1 page

Work status report dated 4/20/05 1 page

Work status report dated 5/16/05 1 page

Notification of suspension of indemnity benefit payment dated 5/24/05 1 page

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Work status report dated 6/2/05 1 page
Work status report dated 6/24/05 1 page
Paycheck stubs 1 page
Work status report dated 7/15/05 1 page
Follow up notes dated 6/27/05 1 page
Work status report dated 7/15/05 1 page
Required medical examination notice dated 7/22/05 2 pages
Required medical examination notice dated 7/22/05 2 pages
Required medical examination notice dated 7/22/05 2 pages
Work status report dated 8/16/05 1 page
Amended explanation of review dated 6/8/05 2 pages
BAI inventory sheet 1 page
Patient questionnaire dated 3/14/05 3 pages
Request for reconsideration dated 6/1/05 3 pages
Letter from Main Rehab and Diagnostic dated 5/31/05 1 page
Operative report dated 4/7/05 2 pages
Copy of Amberly Sue Reynolds medical license 1 page
SOAP notes dated 11/3/04 2 pages
Fax cover sheet from Larry Miller Roofing dated 11/17/04 1 page
SOAP notes dated 10/25/04 2 pages
Functional abilities evaluation dated 10/25/04 2 pages
SOAP notes dated 11/8/04 2 pages
SOAP notes dated 11/10/04 2 pages
SOAP notes dated 11/11/04 2 pages
SOAP notes dated 11/9/04 2 pages
Letter from AMS Staff leasing dated 10/1/04 1 page
Functional abilities evaluation dated 11/15/04 2 pages
History and physical dated 11/15/04 2 pages
Office notes dated 11/22/04 2 pages
New patient exam notes dated 10/12/04 2 pages
MRI lumbar spine dated 11/14/04 2 pages
Office notes dated 11/29/04 1 page
Initial neurosurgical clinic visit dated 11/23/04 3 pages
SOAP notes dated 12/6/04 1 page
New patient notes dated 11/24/04 4 pages
SOAP notes dated 12/13/04 3 pages
Follow-up neurosurgical notes dated 12/17/04 1 page
Referral update notes dated 12/20/04 2 pages
SOAP notes dated 12/21/04 3 pages
SOAP notes dated 12/22/04 2 pages
SOAP notes dated 12/27/04 2 pages
SOAP notes dated 12/28/04 2 pages
Office notes dated 12/29/04 1 page
ERGOS evaluation summary report dated 12/29/04 5 pages
ERGOS supporting data report dated 12/29/04 9 pages
SOAP notes dated 1/4/05 3 pages

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SOAP notes dated 1/5/05 1 page
Work hardening notes dated 1/6/05 4 pages
Work hardening notes dated 1/7/05 4 pages
Work hardening notes dated 1/10/05 4 pages
Work hardening notes dated 1/21/05 4 pages
Work hardening notes dated 1/12/05 4 pages
Work hardening notes dated 1/19/05 4 pages
Work hardening notes dated 1/17/05 7 pages
Work hardening notes dated 1/14/05 4 pages
Work hardening notes dated 1/24/05 4 pages
Work hardening notes dated 1/11/05 4 pages
Work status report dated 1/31/05 1 page
Letter from Dr. Marable, MD dated 1/31/05 2 pages
Follow up notes dated 1/26/05 2 pages
SOAP notes dated 12/27/04 4 pages
Work hardening notes dated 1/26/05 4 pages
Work hardening notes dated 1/25/05 4 pages
Work hardening notes dated 2/1/05 6 pages
Work hardening notes dated 2/3/05 6 pages
Work hardening notes dated 2/7/05 4 pages
Work hardening notes dated 2/9/05 3 pages
Work hardening notes dated 2/11/05 4 pages
Work hardening notes dated 2/8/05 4 pages
Work hardening notes dated 2/14/05 4 pages
Work hardening notes dated 2/15/05 3 pages
Work hardening notes dated 2/16/05 4 pages
Work hardening notes dated 2/17/05 4 pages
Work hardening notes dated 3 pages
ERGOS evaluation summary report dated 2/18/05 20 pages
Work hardening notes dated 2/22/05 4 pages
Work status report dated 2/28/05 1 page
Letter from Dr. Marable, MD dated 2/28/05 1 page
History and physical dated 3/2/05 3 pages
Office notes dated 3/1/05 1 page
Office notes dated 3/8/05 1 page
Address information sheet 1 page
TWCC report of medical evaluation dated 3/14/05 1 page
Letter from Dr. Erwin, MD dated 3/14/05 6 pages
Office notes dated 3/15/05 1 page
Office notes dated 3/23/05 1 page
Office notes dated 3/30/05 1 page
Follow up notes dated 4/1/05 2 pages
Operative report dated 4/7/05 2 pages
Operative report dated 4/7/05 2 pages
Copy of Amberly Sue Reynolds license 1 page
SOAP notes dated 4/5/05 2 pages
(continued)

Office notes dated 4/12/05 1 page
Office notes dated 4/19/05 1 page
Work status report dated 4/15/05 1 page
Office notes dated 4/26/05 1 page
Office notes dated 5/3/05 2 pages
SOAP notes dated 5/10/05 1 page
Follow up notes dated 5/9/05 1 page
Office notes dated 5/16/05 1 page
Letter from Main rehab and diagnostic dated 7/1/05 1 page
SOAP notes dated 10/18/04 6 pages
SOAP notes dated 10/25/04 5 pages
SOAP notes dated 11/1/04 3 pages
SOAP notes dated 11/4/04 2 pages
Work hardening notes dated 2/21/05 4 pages
Follow up notes dated 6/27/05 2 pages
Follow up notes dated 8/23/05 1 page

FROM THE RESPONDENT DOWNS-STANFORD PC:

Letter from Downs Stanford PC dated 9/19/05 2 pages
Prospective review information request dated 9/13/05 1 page
Preauthorization denial letters cover sheet 1 page
Letter from IMO dated 8/4/05 1 page
Letter from IMO dated 8/11/05 1 page
MRI cover sheet 1 page
MRI lumbar spine report dated 11/14/04 2 pages
Records from Dr. Rosenstein cover sheet 1 page
Follow up notes dated 8/23/05 1 page
Records from Main Rehab and diagnostic cover sheet 1 page
New patient exam notes dated 10/12/04 2 pages
SOAP notes dated 10/18/04 5 pages (missing page 2)
SOAP notes dated 10/25/04 5 pages
Functional abilities evaluation report dated 10/25/04 2 pages
SOAP notes dated 11/1/04 3 pages
SOAP notes dated 11/3/04 2 pages
SOAP notes dated 11/4/04 2 pages
SOAP notes dated 11/8/04 2 pages
SOAP notes dated 11/9/04 2 pages
SOAP notes dated 11/10/04 2 pages
SOAP notes dated 11/11/04 2 pages
Functional abilities evaluation report dated 11/15/04 2 pages
Re-evaluation notes dated 11/15/04 2 pages
Office notes dated 11/22/04 2 pages
Office notes dated 11/29/04 1 page
SOAP notes dated 12/6/04 1 page
SOAP notes dated 12/13/04 3 pages
Referral update notes dated 12/20/04 2 pages
(continued)

SOAP notes dated 12/21/04 3 pages
SOAP notes dated 12/22/04 2 pages
SOAP notes dated 12/27/04 2 pages
SOAP notes dated 12/28/04 2 pages
Office notes dated 12/29/04 1 page
SOAP notes dated 1/4/05 2 pages (missing page 2 - 1 and 3 included)
SOAP notes dated 1/5/05 1 page
Work hardening notes dated 1/6/05 4 pages
Work hardening notes dated 1/7/05 4 pages
Work hardening notes dated 1/10/05 4 pages
Work hardening notes dated 1/11/05 4 pages
Work hardening notes dated 1/12/05 4 pages
Work hardening notes dated 1/14/05 4 pages
Work hardening notes dated 1/17/05 7 pages
Work hardening notes dated 1/19/05 4 pages
Work hardening notes dated 1/21/05 4 pages
Work hardening notes dated 1/24/05 4 pages
Work hardening notes dated 1/25/05 4 pages
Work hardening notes dated 1/26/05 4 pages
Work hardening notes dated 2/1/05 6 pages
Work hardening notes dated 2/3/05 6 pages
Work hardening notes dated 2/7/05 4 pages
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Work hardening notes dated 2/17/05 4 pages
Work hardening notes dated 2/18/05 3 pages
Work hardening notes dated 2/21/05 4 pages
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SOAP notes dated 4/5/05 2 pages
Office notes dated 4/12/05 1 page
Office notes dated 4/19/05 1 page
Office notes dated 5/16/05 1 page

Summary of Treatment/Case History:

This 41 year old male fell on his back on ____, which is the date of injury. MRI showed compression fracture L3-4, disc bulges L4-5 and L5-S1. He now also carries a diagnosis of Lumbar Facet syndrome due to the injury. He was treated with no work, was on medication for pain, was in physical therapy and work hardening and has had lumbar facet injections. He had some relief of his low back pain and returned to work four hours/day with lifting restricted to less than 25 lbs. A request for Lumbar Epidural Steroid injections was unauthorized two times. On 8/23/05, Dr. Rosenstein requested L3-4, L4-5, L5-S1 bilateral lumbar facet injections after reviewing case with Dr. Brooks who unauthorized ESI.

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Questions for Review:

1. Items in dispute: pre authorization request: injection, diagnostic/therapeutic lumbar/sacral (caudal)

Explanation of Findings:

The records indicate this individual has a facet syndrome causing low back pain related to a work injury. He also has lumbar segmental rigidity. He responded well to facet injections in the past. There is undoubted injury to the apophyseal articulations, as these joint capsules are richly innervated and thus, the origin of his pain when damaged by his fall. Widespread injection at multiple levels and bilaterally must be done to relieve pain. These injections can also be a diagnostic test to make sure that these areas are a source of his pain. As he responded well in the past to facet injection, it is recommended for authorization of the facet injections at the various levels as requested by Dr. Rosenstein and suggested by Dr. Brooks.

Conclusion/Decision to Certify:

1. Items in dispute: pre authorization request: injection, diagnostic/therapeutic lumbar/sacral (caudal)

The decision is to certify the proposed procedures as medically necessary. See above for rationale.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

W.B. Saunders publisher, "Practical Management of Pain" P. Prithvi Raj, MD.

Chapter 52, Facet Syndromes & Blocks, Lumbar Facet Syndrome.

Chapter 64, Outcomes, Efficacy, & Complications from Management of Low Back Pain. Facet Nerve Blocks & Facet Rhizotomy.

These give criteria for the procedure, and results from the procedure regarding the diagnosis and treatment of facet syndrome.

The specialist providing this review is board certified in Neurosurgery. The reviewer has served as the chief Neurosurgeon at several VA Hospitals throughout the country. The reviewer is a member of the American Medical Association, the American College of Surgeons, the American Paraplegia Society, Congress of Neurological Surgeons and the American Association of Neurosurgeons. The Reviewer has served as an association professor, assistant professor and clinical instructor at the university level. The reviewer also has publishing, presentation and research experience within their specialty. The reviewer has been in active practice for over 20 years.

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, payor 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.

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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 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.

1182183.1

cb

cc: Requestor
Respondent