



Specialty Independent Review Organization, Inc.

February 14, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0747-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty 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.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 54-year old female was injured on ___ while working for ___ unloading heavy material from a truck. She experienced sudden low back pain. The patient's complaint of low back pain is exacerbated by change of weather, prolonged standing, prolonged sitting, and riding in a vehicle. She states the pain is worse in the morning. Patient denies any numbness or tingling to her feet.

Physical Examination of 02/26/2004: Patient still has tenderness in the lumbar region; straight leg raise produces back pain but no leg pain at 20-25 degrees, no sensory deficits in the lower extremity and, Ely test causes pain.

MRI on 10/15/2003 revealed partial sacralization of L5, moderate to severe facet arthrosis more severe on the right at L4-5.

The report of 12/07/2004 by Dr. Weigel states the patient had good relief after an epidural injection.

Records reviewed:

Dispute Letters – Reny Company 12/07/2004 and 12/20/2004.

Records from Doctor/Facility – Atlas Imaging MRI, 10/15/2003

Dr. Graybill's Progress Notes: 08/26/2004

11/23/2004

Additional Records from Carrier – C. Finch, Attorney - 01/26/2005 and 02/08/2005

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of lumbar facet injections.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that from the information supplied, there were only two progress notes and an MRI Report. Because of the limited information, there is no indication of physical therapy, the response to any therapy, medications used, and/or home exercises. The only objective evidence is from the MRI of 10/15/2003 that states a severe right facet arthrosis at L4-5. This facet arthrosis was not caused by the work related injury of ____.

References:

Campbell's Operative Orthopedics, 10th Edition

Rothman, THE SPINE, 4th Edition

Stude, David – SPINAL REHABILITATION

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,

Wendy Perelli, CEO

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this
___14th___ day of ___February___, 2005 ___

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli