

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1457-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Tim Peele, DC

June 10, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Tim Peele, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

This is a 55-year-old woman who was working for _____ in _____ at which point she tripped on a carpet and fell striking her face and causing a significant extension moment of her cervical spine. Since that point she has had intermittent neck pain which has led to cervical spine x-rays showing predominantly degenerative changes. She has had two MRI scans, both of which show disc bulging at C4 and at C5 with no real compression of the spinal cord and no substantial spinal canal stenosis.

Clinically, she has been complaining of neck pain with intermittent arm pain. She has been given the diagnosis of cervical strain, cervical radiculitis as well as a cervical radiculopathy. She has had epidural injections and non steroidal anti-inflammatory agents as well as Lidoderm patches, etc. Of note, the epidural injections that she had, allowed her to be reasonably functional with a substantial reduction in her pain for what is described as several months.

REQUESTED SERVICE(S)

Cervical Epidural Steroid Injections.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

While, as the previous reviewer has stated, the scientific basis for epidural injections four years after injury is tenuous at best, a much better way of looking at this is maintaining the functionality of this patient. The epidural injections apparently gave her several months' worth of relief, sufficient that she has been able to continue her job and take care of herself with only a minimal to mild embarrassment of her activities of daily living. This really proves to be quite an effective therapy, certainly much better than any other therapy that she has received to date. If the neck pain can be reduced and allow her to

maintain a high level of physical activity, then according to all national recognized pain management criteria as well as the criteria developed by the American Association of Neurologic Surgery Pain Section, any non invasive modality that maintains function is reasonable.

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.

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

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 13th day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell