

May 16, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-1502-01 ____

CLIENT TRACKING NUMBER: M2-05-1502-01 /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 from state:

- TWCC Notification of IRO Assignment, 4/25/05
- Letter to MRIOA from TWCC, 4/25/05
- Medical Dispute Resolution Request/Response
- List of treating doctors
- Table of Disputed services
- Letter to Robert Henderson from Intracorp, 3/2/05
- Letter to Robert Henderson from Intracorp, 3/15/05

Records from requestor:

- Fax Cover Sheet to MRIOA from Amada Sosa/Dallas Spine Care, 4/27/05

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- Letter to Robert Henderson from Intracorp, 3/15/05
- Letter to Robert Henderson from Intracorp, 3/2/05
- Chart note, Robert J. Henderson, MD, 2/18/05
- MRI of Lumbar Spine, 12/3/04
- Electrodiagnostic studies, 11/17/04
- MRI of the Lumbar Spine, 1/13/04

Records from respondent:

- Letter to MRIOA from Shelley Smith/ESIS, 5/5/05
- TWCC 60 Addendum- Position Statement Response to MDR
- Letter to Robert Henderson from Intracorp, 3/15/05
- Letter to Robert Henderson from Intracorp, 3/2/05
- Follow-up note, Tony Bui, MD, 3/25/05, 2/4/05, 1/4/05
- Follow-up note, Gregory W. Davidovich, DC, 3/25/05, 3/11/05, 2/18/05, 1/17/05
- Chart note, Robert J. Henderson, MD, 2/18/05, 1/10/05
- Evaluation, Dr. Bui, 11/10/04
- Electrodiagnostic studies, 11/17/04
- MRI Lumbar Spine, 12/3/04
- MRI of the Lumbar Spine, 1/13/04

Summary of Treatment/Case History:

This is a 55 year old male complaining of intractable low back pain with radiation to the right lower extremity. He is recently retired from _____, but was injured on ___ while working for lifting luggage. He initially was treated conservatively and made a return to full duty in August 2004. However, he continued with low back pain, and it was recommended by Robert Henderson, MD on 1/10/05 that he be taken off work until his retirement in 21 days. His physical examinations have been consistent with chronic low back pain with radicular complaints and variable physical findings with no definite findings of nerve root compromise but with limited motion and spasm. Imaging studies include three MRI studies that basically find changes that are chronic in nature namely, disc dessication and bulging and mild facet hypertrophy at L3-4. EMG studies on 11/17/04 indicate chronic nerve root irritation at L4-5. He has had epidural steroid injections with no benefit. It has now been proposed by Dr. Henderson that he undergo facet blocks from L3-L5.

Questions for Review:

1. Please address the medical necessity for pre-authorization for facet joint blocks/fluoro L3-L4, L4-L5, L5-S1 bilaterally.

Explanation of Findings:

The service requested is not medically necessary.

Rationale for Decision: This patient's source of lumbar pain is consistent with the physical findings and the diagnostic studies of chronic disc degeneration and annulus fibrosis fissuring. He does not present as someone with facet arthritis which produces mechanical low back pain radiating typically to the buttock and thigh, but not below knee level. Symptoms are usually exacerbated by lumbar extension. Nerve root signs are negative. With facet disease, there are findings on lumbar x-rays indicating facet arthritis and these can be confirmed by Computerized Tomography or MRI. There is no finding of

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severe facet disease on Mr. ___'s imaging studies. Facet blocks are usually done 2 levels above and 1 below the involved lumbar segment. There are no lumbar segments that could be accurately selected in this patient to plan blocks in the above manner. The medical evidence for the efficacy of facet joint injections is weak; some of that is based on poor patient selection as would be the case with Mr. ___.

Conclusion/Decision to Not Certify:

Decision is to not certify as medically necessary.

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

1. AHCPR Clinical Guideline #14 pages 45-46
2. American Academy of Orthopaedic Surgeons-North American Spine Society treatment Algorithm.

References Used in Support of Decision:

See above

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.

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 REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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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.

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cc: Robert J. Henderson, MD
Ace American Insurance