



Specialty Independent Review Organization, Inc.

July 1, 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M2-05-1872-01
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 with a specialty 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 37-year-old female was injured on _____. The patient was walking to a meeting at work and she turned the corner, slipped on a wet floor and landed on her buttocks and low back. The patient continues to have low back pain that radiates to her right buttocks. The examination revealed a right iliolumbar ligament tenderness and tenderness at L5-S1 facet region.

The MRI of 04/05/2005 revealed multilevel lumbar herniated nucleus pulposus at L3-4, 4-5, and 5-S1. There is also lumbar facet hypertrophy at L5-S1. The EMG of 04/19/2005 reveals evidence of L5 nerve root irritation. The patient continues to have low back pain radiating to her right buttocks.

RECORDS REVIEWED

American Home Insurance – 2 Letters, 5/4 and 5/12/2005.

Records from Doctor & Facility:

M Dirnberger DO, 6 Reports – 3/17 through 6/02/2005.

S Becker MD, Report & EMG – 4/12 and 4/19/2005.

Central Imaging MRI – 4/5/2005.

Med-Sport, FCI – 5/16/2005.

Records from Carrier:

G Solcher, Attorney Letters – 6/10 and 6/22/2005.

G Garlington, DC Reports – 3/5 through 6/3/2005. 27 Sessions.

Texas Workmen's Comp – 7 Status Reports – 3/17 through 5/27/2005.

Med-Sport, 24 PT Sessions – 3/17 through 5/16/2005.

M Dirnberger DO, Report – 4/21/2005.

REQUESTED SERVICE

The requested services are lumbar ESI's, epidurography, fluroglide and conscious sedation.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This 37-year-old female fell, landing on her buttocks on . The patient has MRI evidence of HNPs at multiple levels and facet hypertrophy at L5-S1. The EMG reveals evidence of L5 nerve root irritation. The patient has not responded to therapy and continues to have pain in the low back, radiating to the buttocks. According to the ISIS and the ASIPP Guidelines, patients with radicular symptoms should have an epidural injection.

REFERENCES

International Spine Injection Society – Practice Guidelines 2005.

American Society of Interventional Pain Physicians – Practice Guidelines 2001.

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 _____ 1st day of ____ July , 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli