

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-2003-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Shawn Henry, DO

August 16, 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: Shawn Henry, DO
Texas Workers Compensation Commission

CLINICAL HISTORY

Records submitted included:

- Information from Flahive, Ogden & Latson to include correspondence from Sedgwick CMS;
- Medical records and correspondence from Family Medicine Associates, PA; and
- Medical records from Shawn Henry, DO.

Additional records received included:

- Office records of Dr. Shawn Henry from 9/16/04 to 4/25/05;
- Discogram; EMG results; physical therapy discharge; MRI results; original evaluation by presumably the primary care provider.

This is a 39 year-old woman who was injured on _____. She was lifting boxes and throwing them on a conveyor belt at the _____. She states that she was doing a lot of lifting and twisting and developed pain in her back. This has been her chief complaint since her injury and days later she was started on Physical Therapy. She had about three weeks worth of treatment according to the records that I have. With her last evaluation there was a concern that she was not giving her best effort and that she might be magnifying her symptoms. The therapist also felt that she was having pain but not as much as she was demonstrating. She had one epidural injection which failed. She then had an MRI scan which describes some degeneration of the lumbo-sacral disc with a 2mm disc bulge. She was then referred to an orthopedic surgeon who recommended a discogram. Now on the next part, I don't have any direct information. I have a single letter from the orthopedic surgeon, Dr. Henry, who describes his interaction with Peter Garcia stating that the discogram was appropriate because of the abnormalities on the MRI scan. It is inferred from information on the rest of the text that this patient has a positive discogram at L5.

REQUESTED SERVICE(S)

Artificial disc replacement (level is not stated).

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This patient has had 15 sessions of physical therapy, one epidural injection, has been utilizing a conductive garment apparently for deconditioning and has not fundamentally changed over the eight months from her injury to date. She is noted to be 5ft 5in. tall and weighs 199 pounds and is described as being slightly overweight.

There are a number of reasons not to recommend an artificial disc replacement for this patient.

Reason number one: The amount of conservative management attempted on this patient is quite small. No real attention has been made to the remedial factors, in particular reconditioning this patient beyond fifteen episodes of physical therapy. Her weight is of course an issue.

Reason number two: She is noted on the MRI scans to have facet hypertrophy leading to mild bilateral L5 recessed stenosis and the patient is admitting to having radicular pain. This automatically disqualifies her for the use of an artificial disc.

Reason number three: This patient clearly had pain in her discogram at L3 despite normal appearance both on the CT scan following her discogram as well as her MRI scan which does indeed raise the question of the validity of the discogram.

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 17th day of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell