

IRO America Inc.
An Independent Review Organization
7626 Parkview Circle
Austin, TX 78731
Phone : 512-346-5040
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facsimile transmittal

To: **Hartford Underwriters Ins.** Fax: **512-343-6836**
Attn: **Barbara Sachse**

From: **IRO America** Date: **3/27/2008**

Re: **Final Decision Letter** Pages: **5**

Cc:

Urgent For review Please Please reply Please recycle

IRO America Inc.

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Austin, TX 78731

Phone: 512-346-5040

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February 14, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TDI-DWC #: _____
MDR Tracking #: M2-06-0527-01
IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Physical Medicine & Rehab. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Review determination reports by Dr. Corey Fox, Ph.D.: by Dr. A. Brylowski, M.D. Request for Reconsideration, Pain and Recovery Clinic, North Houston-12-1-05. Case report by Michele Zamora, M. Ed, Assessment for Chronic Pain, 11-17-05. Mental Health Evaluation, Denise Turboff, M. Ed, 11-1-05
- Designated Dr. Evaluation, Muntaz Ali, M.D. 8-9-05

- Lumbar Spine MRI Report: 2-22-05
- EMG/Nerve Conduction Studies report 2-28-05, Dr. Mathurin.
- Multiple Epidural Corticosteroid Injection Procedure Reports.
- Clinical Records, Dr. Christopher Angelo, D.O.
- Clinical Records, numerous months 2005, Pain and Recovery Clinic, Dr. McMillan, Medical Director.

CLINICAL HISTORY

Patient is a 60 -year-old Hispanic female, was working custodian work at a child development center, and reported slipped on a soapy floor, fell somewhat to her right side. Injury was _____. Was seen later by Dr. Christopher Angelo, D.O., others, and was treated, placed on work restrictions, later off work. She had lumbar x-ray. Later lumbar with some mild narrowing at L4 5, minimal anterior listhesis L4 5 with no cord or intervertebral nerve foramen narrowing. Some central disk bulge at L5-S1. Had some EMG studies with some evidence having had some L5 nerve root irritation. The Patient had very poor response to treatment including medication, physical therapy attempts at rehab. Language barrier with limited English. No significant neurological/radiculopathy objects deficits on physical exam.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of chronic pain management program X 20 sessions.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

After review all the medical records provided, and industry accepted criteria The Reviewer agrees with the decision made by the Utilization Review Agency. The review determinations by Dr. Fox and Dr. Brylowski, the rationale and guidelines are appropriate and definitive. This Patient had relatively no remarkable lumbar MRI findings for her age group and actually no evidence of definite injury changes. The mild EMG abnormalities reported were residual findings were not severe and did not necessarily indicate ongoing pain..

Screening Criteria

General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

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

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America, Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: _____

Dean McMillan, MD
Attn: Angie Velasquez
Fax: 713-697-8187

Hartford Underwriters Ins.
Attn: Barbara Sachse
Fax: 512-343-6836

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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

I hereby certify, in accordance with DWC 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 DWC via facsimile, U.S. Postal Service or both on this 14th day of February, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America, Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer