

IRO America Inc.
An Independent Review Organization
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facsimile transmittal

To: Fax: 512-804-4868
From: IRO America Date: 3/27/2008
Re: Final Decision Letter Pages: 7
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 20, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: _____

IRO #: _____

M2-06-0603-01

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 Orthopedic Surgery. 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: ____ ER record. 5-14-1 D Nichols6-26-1 J Young, MD7-17-1 B Green, MD. DD9-3-1 ER notes9-6-1 MRI9-10-1 B Davidson, MD.PM&R12-4-1 P Detwiler, MD,

neurosurgeon2-22-2 G Beach, MD, neurosurgery3-20-3 D Nichols, MD4-2-3 G Beach, MD, neurosurg9-23-3 R Hozdic1-9-4 P Osborne, MD2-20-4 C Alkire, md3-1-4 Phone msg. for Dr. Alkire8-23-5 R Hozdic, MD9-19-5 W Parker MD10-24-5 M/CT11-04-5 Intracorp Letter of Denial11-29-05 Intracorp followup letter12-6-5 R Hozdic, MD1-6-6 PT note1-25-6 H Pruett, attorney.

CLINICAL HISTORY

Medical Records included ~100 pages from Stone, Loughlin and Swanson, attorneys.

_____ **ER record.** CC fell of ladder. Def RLE. **Pt c/o neck and back.** Xrays neck, pelvis, chest, tib/fib, K. Had IM nail R tib fib.

5-14-1 D Nichols. f/u fx. On crutches.

6-26-1 J Young, MD. Doing well 4 mo s/p IM nail R tib fib. Healed. No other co/o noted ex ankle tenderness.

7-17-1 B Green, MD. DD. Pt rtw. **CC burning bil B and legs, shooting pain rle and N R F.** PE: thorough. ROM nl, no tender/mmt/h/t/unable to squat and rise without diff/sens/dtrs/C's/fabere/ slr neg

9-3-1 ER notes. CC **L sciatica.down to toes.** Worse since last Wednesday. Plan mri, decadron. DOI 2-19-1. Nurse: left hip burning, pain down lateral surface of left foot. Cont to have pain. Inc anxiety. HPI fell some months ago. **Now c/o LLE pain present since fall.** c/o neck pain. Left lower extremity. PE shuffling gait/ tender back/ pain rom back/ dtrs/sens. No rts mentioned. Dx back pain. And lumbar disc disease.

9-6-1 MRI. 45 L pl disc extrusion. Small **extruded disc frg inferior** to disc space. At 51 diffuse post disc bulging. Compromises the lateral recess bilat with moderate inf foraminal narrowing. Rad doesn't mention nr.

9-10-1 B Davidson, MD. PM&R. c/o lbp and left leg, weakness, has been present **since the day of the injury 2-19-1.** Inc past 2 ½ months esp L leg, IT,IC,dF with N, unbearable. Leg>back. 10/10. **No PT** for back. **Meds:** valium, steroid, Vic. MRs. MRI sl bulge 45, hnd 51 causing foram [differs from rad note above]. PE gait/rom/sens/**mmt ehl and evertor 4/5/dtr+/slr L.** **Dx L L5 radic.** Rec esi May need surgical decomp if strength no better. Rec ankle brace. Norco. Rec surgical opinion.

10-2-1 ESI note.

12-4-1 P Detwiler, MD, neurosurgeon. c/o R C, bil le pain and N. Leg>back. PE: mmt/dtrs/sens/gait/DID NOT TEST RTS. MRI 9-6-1 central hnp 51 causing nr impingement. Rec bil discectomy and possible foram and exploring 45 disc. No Dx doc.

2-22-2 G Beach, MD, neurosurgery. **Pt developed back and leg pain approx August 2001.** Cancelled plans for a trip then. c/o bil l Cs walking too fast, **3 esi's,** helped. N F bil all toes. Neck immed after fall. Minimal lbp and leg at this time. PE: mmt/sens/dtrs/dtrs/sno spasm/slr + bil causing tight feeling p T/h/t/heel lifts/. MRI 9-6-1 report reviewed and details not stated. DX cervival spondylosis, bil N F etiology obscure, no obj neuro deficit. Obviously highly motivated. Agrees with bil ll and D 51 and exploration 45 L. Pt paid for this visit. N in feet suggests neuropathy. Avoids relating low back and leg symptoms to fall. I would not rush into surgery. Beach more impressed with MRI than with PE. **[a very lukewarm endorsement of surgery. Before these statements I thought that no surgery would be recommended, ie minimal c/o, neg pe, and onset 6 months later].**

3-20-3 D Nichols, MD. Lbp, bil legs, bil F. Mild pain. Multiple mds. Neuro bilat dtrs ok. No other neuro. Dx lbp. Meds.

4-2-3 G Beach, MD, neurosurg. Lbp, N F at night, as well as constant N F>L. PE N R lC/h/t/slr +/- .Does not rec surgery.

9-23-3 R Hozdic. c/o neck and back.No back exam or neuro. Dx lbp MR, Vic

1-9-4 P Osborne, MD, occ med.RME. Osborne concludes that pt had an L5 radic **due to fall**. Thinks the injury has ceased to cause symptoms, then says pt has blp and B and leg s/s due to ithe injury. Recs nsaid, antiD, .

2-20-4 C Alkire, md. c/o neck, sh, lbp. c/o lbp and R leg ever since. Working. Given IR by Dr. Osborne. PE mmt 5/5 le's, sens, no atrophy, NO dtrs or rom. MRI 9-01 L hnp 45 and bulge 51.. Rec delay surgery as long as poss..

3-1-4 Phone msg. for Dr. Alkire. Pt request statement that fall was related to neck injury.

8-23-5 R Hozdic, MD. lbp worse, flares. Robaxin, Celebrex, lorazepam, vic, Flx, Zolofl PE minimal. NI gait and tender to palp lb. DX lbp. Robaxin, Vic, Plan neurosurg ref. Ref Dr. W Parker in Houlston.

9-19-5 W Parker MD. 2001 fell off ladder 15 ft. Fx rle and injured lb. Lbp bil leg L>R. Parestheisias sF bil. Back = leg, inc sitting and walking. Brief note. PE brief: f/e full no pain. SLR L reproduces pain. Slr R hams only. MMT "all motor groups" neg. Kjs and ajs ok. Sens ok. MRI = **severe stenosis** at 51. Dx 51 st or hnp. Recs M/CT.

10-24-5 M/CT: 51: bil lat recess and form st worse on right. No mention of NR [unfortunately]. 45 bulging of annulus blunting of 5 nrs.

10-27-5 Dr. Warren Parker. M/CT reviewed with rad. CT very large R 51 spur and form st bil. No mention of NR documented. Rec hemilam and bil foraminotomies bil 51.

11-04-5 Intracorp Letter of Denial. Rationale: no pain complaints, no pathologic findings on pe, and no evidence of conservative care in available med records. Reviewer, Kenneth Bayles, DO, orth surgeon.

11-29-05 Intracorp followup letter. Hx fell otj 2001, c/o lbp and bil leg L>R, to sF in both feet. PE + slr L, otherwise nonfocal. CTmyelo: 45 broad with blunting of L L5 nr, DDD 51 with lat recess and foraminal st R>L. No discussion on nonsurg. The nonfocal neuro exam does not help clarify if pt has L5 or S1 radic. Based on c/o = S1, the myelo = L5 based on 45 disc and 51 foram, but R>L. [reviewer does not say if the 51 lat rec t could affect the S1 nr]. Failure of documentation of nonsurg and potential discrepancy between imaging and pts left leg c/o. Surgery can't be ok'd.

12-6-5 R Hozdic, MD. Had PT. Robaxin, Celebrex, Vic, Flx. No mention of leg. DX lbp, plan meds and hydrotherapy.

1-6-6 PT note. C/o lbp, neck, le N (can't read side). Pain dec due to Tx but N no better. Missed last appt due to illness. **Had 11 treatments.**

1-25-6 H Pruett, attorney. States that "There is no record of his ever undergoing PT, pain management, or other conservative measures." [wrong, pt had esi's and medications including antiinflammatories, as well as time. True that there is no PT]. "The move to surgery...should only be considered once...conservative care ...has failed."

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of lumbar laminectomy.

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The IntraCorp physician advisors denied the request for laminectomy because of the lack of evidence of failed nonsurgical care, and because of a potential discrepancy between the imaging and The Patient's symptoms. However, although the requesting physician Dr. Warren Parker failed to document nonsurgical care, the records that were provided The Reviewer do document thorough nonsurgical care. The Patient had NSAIDs, oral steroid, 3 epidural steroid injections, muscle relaxers, narcotic analgesics, and 11 physical therapy visits. In The Reviewers assessment of the records there is sufficient documentation of failed nonsurgical care.

Second, with regard to a potential discrepancy between The Patient's symptoms and imaging findings, the MRI scan and myelo/CT revealed findings that could explain both L5 and S1 radicular symptoms. At the L5/S1 level, there was lateral recess stenosis that could affect either S1 nerve root. There was also foraminal stenosis bilaterally, which, along with the disc abnormality at L4/5 could affect the L5 nerve roots. Unfortunately, no provider describes specific nerve root impingement with the exception of the L5 nerve root blunting seen on the myelogram. But doctors B Davidson, MD, P Detwiler, MD, neurosurgeon, G Beach, MD, neurosurgery, and C Alkire, MD all seem to conclude that there are significant findings on imaging. Doctors Parker and Detwiler, both of whom examined The Patient and personally reviewed the imaging, recommended surgery. Therefore, The Reviewer disagrees with the IntraCorp physician advisors that there is a discrepancy between The Patient's complaints and the imaging findings.

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 literature 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: _____

Warren Parker
Attn: Dawn
Fax: 713-797-6264

Farmers Ins. Exchange
Attn: James Loughlin
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Richard Hozdic
Fax: 903-796-0826

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 20th day of February, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer