

IRO America Inc.
An Independent Review Organization
7626 Parkview Circle
Austin, TX 78731
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facsimile transmittal

To: Fax: 512-804-4868
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.

An Independent Review Organization
7626 Parkview Circle
Austin, TX 78731
Phone: 512-346-5040
Fax: 512-692-2924

Amended March 3, 2006
February 28, 2006

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Patient: _____
TDI-DWC #: _____
MDR Tracking #: M2-06-0622-01
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 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:

- Office note, Dr. Geitz, 12/13/97
- Office notes, Dr. Alexander, 01/04/99, 11/18/99, 02/21/00, 01/04/01, 04/05/01, 06/14/01, 10/01/01, 01/04/02, 07/05/02, 12/20/02, 12/30/02, 06/05/03, 01/12/04, 04/19/04
- Cervical spine MRI, 01/08/03
- Left wrist MRI, 11/18/03
- Office notes, Dr. LeGrand, 03/14/05, 03/16/05, 07/18/05, 11/21/05, 12/05/05
- Epidural steroid injection, 08/29/05
- Texas Mutual note, 11/30/05, 12/09/05 and 02/15/06

- Advise to file a medical dispute, 12/12/05
- Request from claimant for reconsideration, 12/28/05
- Taking Piroxicam, 02/13/06

CLINICAL HISTORY

This is a 69 year old male with an injury dating back to _____ when he sustained a traction type injury and developed neck and left shoulder pain. Records note that on 09/12/94 he had a C6 discectomy; 08/22/95 repeat C5- 6 discectomy and discectomy C6-7 with fusion at both levels; 06/11/97 had C4,5, and 6 laminotomy and foraminotomy and facetectomy; 12/28/94 a subacromial decompression was performed.

Records show that The Patient treated with Dr. Alexander in 1999, 2000 and 2001 for neck and left shoulder pain. He was given medications and received in office steroid injections of the neck and left shoulder on numerous occasions. On the 12/20/02 visit, Dr. Alexander reported that the left arm was weak and that there was numbness into the small finger. The 01/08/03 MRI of the cervical spine showed post surgical changes with no focal neurological deficit. There was disc interspace narrowing and osteophytic ridging. An MRI of the left wrist showed there was a non-specific TFCC tear and generalized osteopenia. The neck and shoulder pain persisted into 2004 and treatment with Dr. Alexander continued.

Records in 2005 are from Dr. LeGrand. On the 031/405 visit, it was noted that The Patient had a cervical injection two months prior and had received good relief, but pain had returned two weeks prior to that visit. There was pain in the trapezius, but no true radicular pain. Medications were Celebrex, Ambien and Fioricet. On the 07/1805 visit, Dr. LeGrand noted The Patient had an injection on 05/24/05 and had upper extremity pain. He felt the symptoms were radicular and once again recommended injection. This was given on 08/29/05. By 11/21/05 The Patient reported that the injection had helped for two and a half months and the pain had returned. Dr. LeGrand offered that studies did not show root compression and despite that The Patient had radicular pain. Another epidural steroid injection was recommended. The injection has been denied and dispute resolution has now been requested.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Cervical epidural steroid injection with fluoroscopy.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

This 69 year-old male had multiple shoulder and neck epidural steroid injections. The Reviewer agrees that the additional cervical epidural steroid injection with fluoroscopy is not medically necessary. The Patient had been getting the epidural steroid injections every two months. These injections have not been proven to be effective for long-term treatment of chronic pain. At least according to ACOEM guidelines the efficacy of this treatment has not been established and that is born out with this Patient who gets approximately one month worth of pain relief and then goes back for another injection after about two months. There is no evidence that epidural steroid injections will lead to significant improvement in this Patient's clinical condition. Consequently, The Reviewer agrees with the denial of the additional epidural steroid injection with fluoroscopy as being medically unnecessary.

Screening Criteria

1. Specific:

- ACOEM Guidelines, Chapter 8
- Official Disability Guidelines Treatment in Worker's Comp 2006, Neck; page 1114

2. 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: _____

Texas Mutual
 Attn: Richard Bell
 Fax: 512-224-3980

Dr. Robert LeGrand
 Fax: 325-657-0875

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 Patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 28th day of February, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer