

IRO America Inc.
An Independent Review Organization
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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

February 17, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: _____

M2-06-0644-01

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 M.D., 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:

- Cervical CT 10/06/05
- Lumbar x-ray 10/06/05
- Lumbar CT 10/06/05
- Thoracic CT 10/06/05
- Thoracic x-rays 10/06/05
- Thoracic x-ray 10/27/05:
- Lumbar x-ray 10/27/05
- Office note of Dr. Henderson 11/15/05, 12/19/05
- Letter from Texas Mutual insurance 11/30/05

- Letter from Texas Mutual insurance 12/13/05
- Functional testing: Patient's job 01/05/06

CLINICAL HISTORY

The Patient is a 45 year old male injured on _____. Case notes indicate that The Patient got dizzy, fainted and fell 15-20 feet off a scaffold. A lumbar x-ray done on 10/06/05 revealed no definite compression fracture however there appeared to be bilateral L5 spondylolysis with Grade I anterior spondylolisthesis of L5 relative to S1 and moderate to severe narrowing at the L5-S1 disc space. A lumbar CT scan done on 10/06/05 revealed an acute non-displaced L3 left transverse process fracture and an L3-4 disc bulge and protrusion causing moderate central canal stenosis. Spondylolysis/spondylolisthesis was noted at L5-S1 with severe bilateral neural foramen narrowing and compression of the bilateral exiting nerve roots. A lumbar x-ray done on 10/27/05 showed an apparent fracture of the left L3 transverse process. There was Grade II spondylolytic spondylolisthesis at L5 of approximately 40 percent. Early degenerative disc disease of the lumbar spine was noted.

On 11/15/05 The Patient saw Dr. Henderson for a primary complaint of low back pain. Treatment up to that point had included myofascial release, manipulation, interferential and ultrasound. X-rays at that time revealed marked disc resorption at L5-S1, obvious pars defects bilaterally at L5 and Grade II spondylolisthesis at L5. On exam range of motion caused pain. Deep tendon reflexes were intact, straight leg raise negative, Lasègue negative and motor 5/5. No numbness was present. Active physical therapy and a diagnostic therapeutic single epidural steroid block were recommended.

Per peer reviews, the requested caudal epidural steroid injection was denied on 11/30/05 and 12/13/05. On 12/19/05 Dr. Henderson documented that his impression of The Patient was marked disc resorption at L5-S1, obvious pars defects bilaterally, Grade II spondylolisthesis and disc protrusion at L3-4 with spondylosis. A functional testing evaluation done on 01/05/06 indicated that The Patient was able to perform sedentary light to medium work. His job reportedly fell in the medium heavy category.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Preauthorization denied for caudal epidural steroid block/fluoroscopy

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

Based on a review of the medical records, the request for the caudal epidural steroid injection is not recommended as medically necessary. A review of the lumbar CT and x-rays appears to show a degree of spinal instability which could be the cause of The Patient's pain. The Patient has primarily low back pain and does not report any problems of a radicular nature such as leg pain. The Patient's neurological examination is essentially negative. Based on these findings, it would not be expected that The Patient would improve with a caudal epidural steroid injection and it therefore, cannot be recommended as medically necessary.

Screening Criteria

1. 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:	_____	J. Glenn Smith, D.C.
	_____	Fax: 214-956-0990

	Robert Henderson, M.D.	Texas Mutual Ins Co
	Attn: Amdas S.	Attn: Latrice Giles
	Fax: 214-688-0359	Fax: 512-224-7094

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 17th day of February, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer