

IRO America Inc.

An Independent Review Organization

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

May 25, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-1115-01

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:

- MRI, lumbar spine, 05/17/01
- Pain Management, 06/02/06
- Clinic note, 11/03/05, 11/22/05, 12/27/05, 03/15/06
- Request for left lumbar sympathetic blocks, 01/24/06, 01/31/06
- Letter from adjuster, 04/04/06

CLINICAL HISTORY

The Patient is a 40-year-old _____ with an injury date of _____. The records indicated that she had multiple complaints of pain including neck, left shoulder, left hip, left knee and low back pain. A lumbar MRI obtained on 05/17/01 noted no evidence of central or foraminal stenosis with a minimal annular disc bulge at L4-5 and L5-S1 with no focal disc bulge or protrusion at any level.

The Patient apparently followed with pain management and received several injections including epidural steroid injections, facet injections and caudal injection. There was reference to a sympathetic block given on 01/30/02 with significant improvement in leg pain and The Patient subsequently had a spinal cord stimulator placed in August of 2003. In addition, The Patient underwent cervical fusion surgery on 04/07/04 and at some point was diagnosed with complex regional pain syndrome.

The Patient continued to report low back pain that was managed with neuropathic pain medication, anti-depressants and mild narcotic analgesics. On 01/24/06, a request for left lumbar sympathetic nerve blocks was not approved.

The Patient presented on 03/15/06 with complaints of back pain and tingling into her legs as well as neck pain, increased frequency of headaches and wrist pain. Clinical findings noted lumbar spasm and tenderness with decreased motion. The request for left lumbar sympathetic nerve blocks was resubmitted.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of left lumbar sympathetic blocks.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer does not recommend the proposed lumbar sympathetic blocks as medically necessary. There is no documentation to support this request. There are no medical records to support the diagnosis of complex regional pain syndrome for which the sympathetic nerve blocks would be indicated. The Patient has a multitude of complaints. There is some indication that she has had previous sympathetic nerve blocks and if that is the case there would be no indication for any further sympathetic nerve blocks. The Reviewer's medical assessment is that, there is no documentation to support the need for sympathetic nerve blocks in the lumbar spine.

Screening Criteria

1. Specific:

- Orthopedic Knowledge Update: Spine 2; Chapter 23, pg 207-208.
- Braddom, Randall L.; Physical Medicine and Rehabilitation; Second Edition, Chapter 24, pg 511.

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.

incerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer

Cc: _____

Travelers Indemnity Co. of Conn / Law Office of Patrick Groves
Attn: Jeanne Schafer
Fax: 512-347-7870

Gene Couturier
Fax: 817-469-6021

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 25th day of May, 2006.

Name and Signature of IRO America Representative:

incerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer