

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 #: _____

M2-06-1171-01

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 visit, Dr. McCaskill, 04/29/02
- Office visit, Dr. Griffin, 05/13/02, 08/05/02
- MRI thoracic, 06/04/02
- Pain Clinic Consult, Dr. Spettece, 06/25/02
- Office visit, Dr. Payne, 08/30/02, 01/20/03, 09/19/03

- Note, Dr. Payne, 02/17/03
- Independent Medical Evaluation, 03/25/03
- Office visit, Dr. Rosenstein, 10/13/03, 11/14/03, 12/09/03, 01/23/04, 03/22/04, 04/22/04, 05/20/04, 05/23/04, 06/09/04, 07/08/04, 08/11/04, 10/08/04, 11/09/04, 12/08/04, 01/19/05, 03/07/05, 04/07/05, 06/27/05
- Letters/Notes, Dr. Rosenstein, 10/29/03, 11/05/03, 04/15/04, 06/03/04, 09/08/04, 09/27/04, 03/14/05
- Dr. Gross, DDE, 01/27/04, 10/28/04, 01/05/05
- Review of DDE, Dr. Rosenstein, 01/31/05
- MRI, Thoracic, 07/06/04
- CT, lumbar, 08/18/04
- Office visit, Dr. Hurschman, 08/26/05
- CT, reviewed by Dr. Rosenstein, 09/08/04
- Office visit, Dr. Miller, 09/08/04
- Epidural steroid injection, 03/02/05, 11/10/05, 11/28/05, 12/12/05
- Letter, Dr. Glickfeld, 01/12/06

CLINICAL HISTORY

The Patient is a 31 year-old male with an onset of low back and thoracic spine pain after repetitive lifting on _____. There was documentation of multiple medical findings including ulcer, obesity and depression. The Patient had bilateral lower extremity symptomatology with some radiation to bilateral anterior shoulders. He treated conservatively with chiropractic care, physical therapy, medications, bracing, transcutaneous electrical nerve stimulation, and activity modification. Lumbar radiographs from 04/18/02 noted an old L1 compression fracture. A thoracic MRI performed on 06/04/02 noted a minimal disc bulge at T6-7. Facet blocks, lumbar MRI, lumbar CT and both epidural and lumbar steroid injections were requested and denied over an extended period of time. The Patient continued to have complaints of intractable pain.

A lumbar CT on 08/18/04 identified L5-S1 and L4-5 disc protrusions of two to three millimeters. There was reference to electrodiagnostic studies performed on 01/12/05 that showed chronic right L4 radiculopathy. Additional treatment was denied. The Patient continued his medications and a home exercise program for progressive complaints of bilateral lower extremity pain, numbness, tingling and weakness. The Patient required a cane for ambulation. The Patient noted increased intermittent urinary incontinence. Physical examination demonstrated 5/5 strength, equal reflexes and intact sensation. Repeat electrodiagnostic studies have been requested.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of bilateral EMG/NCV lower extremities.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

This is a 31 year-old male who has had ongoing back pain with complaints of paresthasias, primarily in his right leg since an injury in _____. He has had extensive treatment and many evaluations for this condition. The Patient has gained approximately one hundred sixteen pounds since his injury. He had an EMG/NCV study most recently in January 2005 that showed chronic L4 radiculopathy on the right. The Patient has not had any demonstrable change in his physical examination, pain complaints or clinical condition since that evaluation in January 2005. There is no evidence supported by the documentation that new electrodiagnostic studies will change This Patient's treatment in any significant way. The Reviewer's medical assessment does not recommend bilateral EMG/NCV studies as medically necessary because their results will not change The Patient's treatment or his condition in any significant way. The Patient has evidence of chronic L4 radiculopathy but there is no evidence that any surgical or other treatments will correct this or that there has been a change in This Patient's clinical condition to warrant repeating bilateral EMG/NCV lower extremities studies.

Screening Criteria

1. Specific:

- Official Disability Guideline, Treatment in Workers' Comp 2006, 4th Edition; page 810.

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 Resolution Officer

Cc: _____

American Home Assurance / ARCFMI
Attn: Raina Robinson
Fax: 479-273-8792

Alan Bruce Herschman
Fax: 817-877-3328

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