October 26, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-0030-01
CLIENT TRACKING NUMBER: M2-06-0030-01

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:
RECORDS RECEIVED FROM THE STATE:
Notification of IRO Assignment dated 10/5/05, 10 pages

RECORDS RECEIVED FROM THE REQUESTOR:
Lumbar Myelogram report dated 6/20/01, 2 pages
Lumbar spine report dated 6/20/01, 1 page
Letter from ___ dated 10/24/05, 2 pages

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RECORDS RECEIVED FROM THE RESPONDENT:
Letter from Flahive, Ogden & Latson dated 10/13/05, 2 pages
Letter from Flahive, Ogden & Latson, Summary of Carrier's Position dated 9/16/05, 2 pages
Notification of Appeal Outcome from FirstHealth dated 7/26/05, 3 pages
Preauth request for Intrathecal Opiod Trial Placement dated 7/15/05, 2 pages
Medical Dispute Resolution Request/Response dated 9/1/05, 3 pages
Decision and Order signed by Wendy Harvel Administrative Judge dated 6/25/03, 11 pages
Order for Production of Documents dated 10/12/05, 1 page

Summary of Treatment/Case History:
The patient is a 55 year old female with a date of injury in ___ and a history of multiple lumbar surgeries. The physician is requesting a MS pump intrathecal trial. The physician is requesting this as her current p.o. Narcotic regimen is interfering with her cognitive function. The trial was denied on 10/4/05 pending a repeat WBC count as her WBC count was low at 3.0. There is no list of current medications, list of prior medications tried, prior treatment offered, or psychological evaluation to determine the patient's candidacy for this procedure.

Questions for Review:
1. Is the intrathecal opiod pump placement medically necessary?

Explanation of Findings:
1. Is the intrathecal opiod pump placement medically necessary?

This patient is a 55 year old female with lumbar FBSS. There is no indication if injection treatment has been tried, what medications have been tried, or what current medications are being prescribed. There is no repeat WBC count which is the reason this was denied before. There is also no psychological clearance evaluation which is always highly recommended in patients to determine if any psychological barriers to success of the procedure such as major depression exist. The intrathecal opiod pump placement is not medically necessary.

Conclusion/Decision to Not Certify:
The intrathecal opiod pump placement is not medically necessary.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:
Criteria used are common practice among osteopathic and pain physicians.

References Used in Support of Decision:
1. Interventional Pain Management by Waldman and Winnie j copyright '01.
2. Practical Management of Pain by P. Raj copyright '00.
3. Bonica's management of Pain third edition copyright '00.

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The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

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.

Chief Clerk of Proceedings / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of

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its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Requestor
Respondent