

September 30, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0033-01 5278

CLIENT TRACKING NUMBER: M2-06-0033-01

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 from the State:

1. Texas Worker Compensation Commission Form-2 pages
2. Texas Department of Insurance Division of Workers Compensation Notification of IRO Assignment-2 pages
3. Table of Dispute-2 pages
4. Letter from Liberty Mutual-8/2/05 and 7/20/05-5 pages

Records form Requestor:

1. Chart Notes from Dr. Robert J. Henderson MD-1 page
2. Initial Chart Note from Dallas Spine Care-7/1/05-2 pages
3. Electrodiagnostic Studies 5/23/05-2 pages
4. Lumbar MRI Report-5/14/05-3 pages

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Records from the Insurance Company:

1. Letter from Carolyn Guard-9/19/05, and 9/12/05-2 pages
2. Texas Worker Compensation Commission Form-9/08/05-1 page
3. Peer Review Analysis Case Report for Liberty Mutual-7 pages
4. Fax Cover Sheet from Dallas Spine Care-7/11/05-1 page
5. Initial Chart Notes from Dallas Spine Care-7/1/05-2 pages
6. Electro-Diagnostic Studies Report-5/23/05-2 pages
7. MRI Report-5/14/05-2 pages
8. Fax Cover Sheet from Dallas Spine Care-7/27/05-1 page

Summary of Treatment/Case History:

The patient is a 33-year-old male injured on _____. A lumbar MRI done on 5/14/05 revealed a right facet joint effusion at L2-L3 and a left facet joint effusion at both L3-L4 and L4-L5, which was indicative of acute facet joint irritation and lumbar facet syndrome. At L3-L4 and L5-S1 there was a 1-mm broad disc bulge. At L4-L5 there was a 1-2 mm broad disc bulge with mild bilateral neural foraminal narrowing. Electrodiagnostic studies done on 5/23/05 revealed peroneal motor/F wave and EMG abnormalities that could be suggestive of a compressive nerve root irritation at the left L5 level, which could be causing a radiculopathy.

On 7/1/05 the patient saw Dr. Henderson for an initial evaluation. According to the office note the patient, on _____, was repetitively lifting boxes from the ground to about a 5-foot high level and had a sudden onset of severe pain. He felt a pop in his back and developed numbness in his left leg. Dr. Henderson noted that the patient had received rehabilitation three times per week. His primary complaint was low back pain with a secondary complaint of left leg pain with persistent numbness that occurred below the knee and extending into all five toes. X-rays at that time revealed adequate maintenance of disc space height. At L5-S1 there appeared to be some foraminal narrowing in extension. There was definitive scoliosis on the AP film with convexity to the right. On examination the patient flexed to 85 degrees. Lateral bending revealed severe paraspinous muscle guarding on the left. Extension and rotation to the left was markedly resisted. Deep tendon reflexes were intact and straight leg raise negative. There was 2/5 weakness of the left EHL. Medications at that time included Ibuprofen. The patient was diagnosed with lumbar radicular syndrome, evolving scoliosis versus muscle spasms, and left L5 radiculopathy. Continued therapy and a caudal epidural steroid block was recommended. The caudal epidural steroid block was denied twice per peer review. An 8/22/05 office note from Dr. Henderson discussed the denial and indicated that the patient had leg pain, 2/5 weakness of the left EHL, facet arthropathy, disc space narrowing, and a positive EMG, all correlating to an L5 radiculopathy. Examination at that time revealed numbness into toes 2-5, and leg weakness. The caudal epidural injection has again been recommended.

Questions for Review:

1. Is the request for caudal epidural steroid block with fluoroscopy recommended as medically necessary?

Explanation of Findings:

1. Is the request for caudal epidural steroid block with fluoroscopy recommended as medically necessary?

(continued)

Based on a review of the medical records, the request for the caudal epidural steroid block is recommended as medically necessary. According to the records provided the patient was injured on _____. Electrodiagnostic studies performed on 5/23/05 revealed L5 radiculopathy. On 7/1/05 the patient presented to Dr. Henderson's office with continuing low back pain as well as left leg numbness. X-rays at that time revealed foraminal narrowing. Objective findings included decreased and painful motion and 2/5 weakness of the left EHL. Conservative treatment up to that point had included medication, activity modification, and a course of physical therapy. While an MRI of 5/14/05 only revealed a disc bulge at the L5-S1 level, the caudal epidural steroid block was appropriate. The patient had continuing low back and left leg pain accompanied by left leg numbness despite the appropriate conservative treatment and he has electrodiagnostic evidence of an L5 radiculopathy. Additionally the patient was injured in ____ and from the records provided, it would appear that the initial request for the injection came during the acute (less than 3 month) period of the patient's symptoms as Dr. Henderson originally requested the injection on 7/1/05. Therefore, in an effort to decrease the patient's symptoms and avoid surgical intervention, an epidural steroid injection would be an appropriate next step.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

1. Orthopedic Knowledge Update: Spine 2, pages 194-195

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the North American Spine Society, the Pennsylvania Medical Society, the Pennsylvania Orthopaedic Society, the American Association for Hand Surgery and is certified in impairment rating evaluations through the Bureau of Worker's Compensation. The reviewer has publication experience within their field of specialty and has been in private practice since 1995.

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, payer and/or URA, patient and the TWCC.

You're 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

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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 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: Robert Henderson MD and Liberty Insurance Company