

P-IRO

An Independent Review Organization
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December 16, 2005

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee

TDI-DWC #

MDR Tracking #:

IRO #:

M2-06-0070-01

5312

P-IRO, Inc. has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Worker's Compensation (DWC) has assigned this case to P-IRO for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

P-IRO 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. This case was reviewed by a licensed M.D. board certified and specialized in Orthopedic Surgeon. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO 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, information provided by The Requestor, Respondent, and Treating Doctor(s), including: Letter of Dr. Randhawa 04/21/99

Office notes of Dr. Randhawa 05/18/99, 06/15/99, 07/13/99, 10/04/99, 03/01/00, 06/13/00, 09/12/00, 10/11/00, 10/25/00, 11/08/00, 01/17/01, 04/08/01, 09/06/01, 09/19/01, 11/27/01, 12/27/01, 05/01/05, 05/21/02, 07/22/02, 09/16/02, 09/30/02, 10/14/05, 11/11/02, 12/09/02, 01/09/03, 02/03/03, 03/03/03, 03/31/03, 04/28/03, 05/27/03, 06/213/03, 07/21/03, 08/18/03, 09/15/03, 10/13/03, 11/10/03, 12/08/03, 01/05/04, 02/02/04, 02/26/04, 04/01/04, 04/28/04, 05/26/04, 06/22/04 07/20/04, 08/12/04, 09/09/04, 10/06/04, 11/03/04, 12/29/04, 01/26/05, 02/23/05, 03/23/05, 04/20/05, 05/18/05, 06/15/05, 07/13/05, 08/10/05, 09/07/05

CT/myelogram 07/01/99
Office note of Dr. Allon 10/10/99
Behavior Medicine pain management evaluation 06/21/00
Discharge summary 09/28/00
Letter of Dr. Randhawa 10/31/00
Operative report 10/15/01
Physical modalities sheet, pain management 05/21/02
Letter from insurance carrier 08/16/05, 08/25/05, 10/07/05

CLINICAL HISTORY

The Patient is a 55-year-old male who sustained a neck and shoulder injury after being struck by a branch on _____. The Patient has had ongoing complaints of neck and left upper extremity pain and weakness. A cervical MRI performed on 03/22/99 noted disc bulges at C4-5, C5-6, and C6-7 with left foraminal narrowing due to degenerative changes and mild compression. The Patient indicated prior neck and low back injuries from a motor vehicle accident in 1982. A CT/ myelogram from 07/01/99 noted mild nerve root compression at C6-7. The Patient treated conservatively with a variety of medications without significant relief. The Patient underwent cervical epidural steroid injections in May of 1999 with relief of his symptomatology. However, The Patient still required the use of medications and has been taking narcotic pain medication, anti-inflammatories, and muscle relaxants since 1999. The Patient has undergone intermittent courses of epidural steroid injections with significant, but not complete relief of The Patient's pain. The Patient last injection was 02/08/05. The Patient has noted recurring pain and additional injections have been recommended.

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of Cervical epidural steroid injection X 3.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

Physician discussion was not requested for this case. Based on the records provided for review the requested epidural steroid injections would not be recommended as medically necessary.

The Patient has been treating for neck and left upper extremity pain since 1999. There is MRI and CT evidence of disc bulging and mild compression. The Patient has utilized extensive use of a variety of medications. Attempts at physical therapy have aggravated The Patient's pain and caused increases in his blood pressure. The Patient underwent a series of epidural steroid injections with significant relief. The Patient subsequently underwent posterior decompression of C5-6 and C6-7 on 10/15/01. The Patient noted increased left arm pain postoperatively. The Patient continued the use of medications. The Patient noted periodic exacerbations of pain and weakness that were intermittently treated with epidural steroid injections. Throughout the records provided the treating physician indicated motor and sensory examinations were unchanged, remaining intact. The Patient has continued subjective complaints of severe pain.

The continued use of epidural injections would not be indicated on a chronic basis. They have not significantly altered his course of treatment. There are no objective findings of radicular compressive pathology known to respond long term to steroid injection. The Patient has continued to require chronic use of medications, including narcotics and anti-inflammatories despite the utilization of multiple series of epidural injections. Further injections would not be considered medically appropriate.

Screening Criteria

1. Specific:

AAOS Orthopaedic Knowledge Update, Spine 2; Chapter 22, page 194

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.

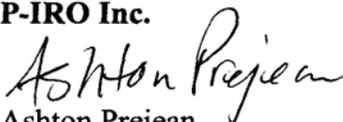
CERTIFICATION BY OFFICER

P-IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. P-IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of P-IRO Inc., I certify that there is no known conflict between the Reviewer, P-IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

P-IRO 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,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer

Cc:

Manjit Randhawa
Attn: Darla
Fax: 979-849-1423

Texas Mutual Ins. Co.
Attn: LaTrece Giles
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.

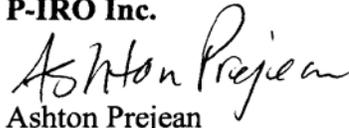
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 16th day of December 2005.

Name and Signature of P-IRO Representative:

Sincerely,

P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer