

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	_____
MDR Tracking Number:	M2-06-0073-01
Name of Patient:	_____
Name of URA/Payer:	TASB
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Jacob Rosenstein, MD

October 31, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Jacob Rosenstein, MD
Division of Workers' Compensation

RE: _____

CLINICAL HISTORY

Records submitted for review included:

- North Texas Neurosurgical Consultants records (Jacob Rosenstein, MD); and
- TASB records including CT scans, X-rays, MRI of lumbar spine, lumbar myelogram, abdomen x-rays, NCV of lower extremities, Richard Ivy, DC medical notes, Norman Goldman, DPM medical notes, Sally Hallgren, DO medical notes, A.E. Thurman, MD urological evaluation, Kimberly Quality Care medical notes, John Milani, MD medical notes, Augusto Lastimoso medical evaluation report, N. Tsourmas, MD peer review reports, Litwiller, MD medical evaluation, RME Impairment evaluation by Richard Orbon, MD, Chronic Pain Management evaluation by R. Slaughter, PhD, Peer review report by Pete Garcia, MD, B. Carpenter, MD medical evaluation, R. Mobarak, MD medical evaluation.

The September 26, 2005 progress notes from Dr. Rosenstein notes that this is a lady who is being followed for chronic lumbar radiculopathy. There is a past surgical history of a L5-S1 fusion dating back to 1991. Ten years later the right ankle was fused. This led to a reflex sympathetic dystrophy, controlled with medication. The on indicates that a verifiable radiculopathy has been objectified on EMG. The request for the CT was not awarded pre-authorization. Prior progress notes from Dr. Rosenstein note a "new onset" of left leg pain secondary to a 1991 date of injury. A 1991 CT noted the disc lesion at L5-S1 and that there is degenerative change noted at the more proximal levels. A repeat 1991 CT noted the post-operative changes. Several additional CT scans were noted in 1991, 1992, 2000, 2001 and a number of plain film reports. Additionally, multiple other imaging studies (MRI, myelogram) were completed in the decade after the date of injury. Electrodiagnostic assessments objectified a verifiable radiculopathy in the L5 and S1 distribution. This would be consistent with the findings on imaging studies. Chiropractic progress notes were noted as well. There were podiatric assessments reviewed. In February

RE: _____

1991 a neurosurgery evaluation by Dr. Hallgren was completed. A urology consultation was completed. An orthopedic surgery evaluation was done by Dr. Milani, and a psychiatric assessment for chronic pain issues. The hospital records were reviewed. A 31% whole person impairment rating was assigned. Dr. Lastimosa completed a chronic pain assessment, and Dr. Tsourmas completed a peer review. A urological consultation was completed. Dr. Hurschman did an RME evaluation.

REQUESTED SERVICE(S)

Lumbar CT scan

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

There were a number of CT imaging studies completed in the decade between the date of injury and 2001. Ten years after the date of injury there was no disc lesion noted proximal to the fusion mass. There is no reasonable expectation that any finding noted would be a function of the injury noted in 1991. With a ten year history of repeated examinations, and no findings reported, it is clear that any pathology that might be noted is wholly unrelated to this injury. Moreover, as noted in the ODG, this is not recommended except for indications below for CT. CT Myelography OK if MRI unavailable or inconclusive. ([Slebus, 1988](#)) ([Bigos, 1999](#)) ([ACR, 2000](#)) and that is not the case here. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Furthermore, between 30% and 40% of young adult males with no history of back complaints will have some demonstrable abnormality on imaging studies. In asymptomatic people over age 40, there is a 50% incidence of abnormal findings, including herniated disc, facet degeneration, and spinal stenosis. Esses, et al, **Textbook of Spinal Disorders**, 1995, Lippincott, p 94.

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Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that all of the above statements are, to the best of my knowledge and belief, true and correct to the extent they are applicable to this case and my relationships. I understand that a false certification is subject to penalty under applicable law.

1. I had no previous knowledge of this case prior to it being assigned to me for review.
2. I have no business or personal relationship with any of the physicians or other parties who have provided care or advice regarding this case.
3. I do not have admitting privileges or an ownership interest (of 5% or more or \$100,000 or above, whichever is less) in the health care facilities where care was provided or is recommended to be provided. I am not a member of the board or advisor to the board of directors or any of the officers at any of the facilities.
4. I do not have a contract with or an ownership interest (of 5% or more or \$100,000 or above, whichever is less) in the utilization review agent, the insurer, the health maintenance organization, other managed care entity, payer or any other party to this case. I am not a member of the board or advisor to the board of directors or an officer for any of the above referenced entities.
5. I have performed this review without bias for or against the utilization review agent, the insurer, health maintenance organization, other managed care entity, payer or any other party to this case.

I hereby further attest that I remain active in my health care practice and that I am currently licensed, registered, or certified, as applicable, and in good standing.

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
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 1st day of November, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell