

P-IRO

An Independent Review Organization
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November 3, 2005

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

Delivered via Fax

Patient / Injured Employee	_____
TDI-DWC #	M2-06-0074-01
MDR Tracking #:	_____
IRO #:	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 Surgery. 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:

Office notes of Dr. Pollifrone 04/22/02
Medical record review 05/08/03
Office notes of Dr. Rosenstein 04/01/04, 07/19/05
Notice of pre-auth 07/29/05
Letter from Dr. Rosenstein 08/03/05
Peer review 08/30/05

CLINICAL HISTORY

This 35 year old male sustained a multiple trauma injury on ___ when The Patient fell from the roof of a Convention center. On 04/22/02 The Patient began treating with Dr. Pollifrone for low back pain. The diagnosis was spondylolysis of L4 and L5 and spondylolisthesis of L4 on L5. On 06/27/02 The Patient underwent interbody fusion at L4-5 with cages and pedicle screw fixation at L3, L4, L5. The records indicate that he developed a foot drop postoperatively.

The Patient began treating with Dr. Rosenstein on 10/07/03 with a diagnosis of lumbar radiculopathy which was demonstrated on EMG. On 02/17/03 The Patient had a lumbar CT/myelogram that showed L4-L5-S1 fixation with posterolateral fusion rods and pedicle screws at L4-S1 and with fusion cages in L5-S1. There was no motion on flexion/extension views but no indication of solid bony confluence at L4-5. There was a 3 millimeter anterolisthesis at L5-S1 and retrolisthesis at L3-4.

On 04/01/04 Dr. Rosenstein noted that The Patient developed a right foot drop following his surgery and had residual right foot dorsiflexion weakness and some plantar flexion weakness. Dr. Rosenstein noted that the myelogram on 02/17/03 showed diminished filling of the right L5 nerve root but it was felt to be related to epidural fibrosis. The Patient was treating for chronic pain syndrome. Facet injections provided some improvement but The Patient still had low back and right leg numbness and tingling. On exam straight leg raise was positive at 45 degrees producing low back and right leg pain. Motor strength was 2/5 with right foot dorsiflexion weakness and 4+/5 right plantar flexion weakness. Right patellar reflex was absent. There was hypesthesia right L5 and S1 dermatome and facet signs were positive. The physician noted that a repeat EMG on 02/23/04 showed a right L5 radiculopathy. The impression was right L5 radiculopathy; status post L3-4 and L4-5 fusion with resultant right L5 radiculopathy from a right L5 nerve root injury after placement of a right sided Danek cage. A CT scan was recommended as his radiculopathy and pain were getting worse. The Patient was placed on Darvocet and Neurontin.

On 07/19/05 Dr. Rosenstein saw The Patient in follow up. Exam findings were unchanged from the 04/01/04 visit. Dr. Rosenstein indicated that if the epidural fibrosis was unchanged he would be a candidate for facet injections. The CT scan was denied on peer review. Dr. Rosenstein indicated in his appeal letter that the symptoms are worsening and a CT scan has been requested to see if the claimant is developing stenosis above or below the fusion.

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of Lumbar CT scan at L1-S1 with reconstruction.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The CT scan is not recommended as medically necessary. The Patient has lumbar radiculopathy which is long standing and evidence of epidural fibrosis on previous diagnostic studies. A CT scan is not the ideal study for evaluation of epidural fibrosis or spinal stenosis. In addition, there is no evidence of any change in The Patient's condition and there is no discussion as to how the CT scan would change The Patient's clinical course.

Screening Criteria

1. Specific:

Orthopedic Knowledge Update, Spine, pages 57, 68-75 and 330

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 literature 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: [Claimant]

Jacob Rosenstein, M.D.

Attn: Jennifer

Fax: 817-465-2775

Sierra Ins. Co. of TX/Downs Stanford, P.C.
Attn: Wendy Schrock
Fax: 214-74-4530

Can Ho, D.C.
Attn: Medical Records
Fax: 817-870-3667

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.

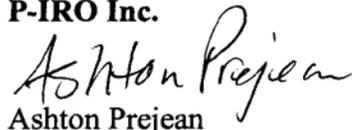
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the 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 3rd day of November 2005.

Name and Signature of P-IRO Representative:

Sincerely,
P-IRO Inc.



Ashton Prejean
President & Chief Resolutions Officer