

IRO America Inc.

An Independent Review Organization

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November 18, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-0104-01

IRO #: 5251

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

IRO America 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed M.D., board certified and specialized in Orthopedic Surgeon. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America 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, records from the Requestor, Respondent, and Treating Doctor(s), including: 1-28-4 D Hill MD2-8-5 D Hill, MD2-17-5 AmComp letter of denial of compensability2-23-5 Lubbock Occupational Health Center note3-7-5 C Merritt, DC4-27-5 MRI4-27-5 G Hill, MD5-5-5 C Weber, MD5-23-5 G Hill, MD7-21-5 R LeGrand, MD, neurosurgeon8-17-05 CorVel letter of denial9-2-5. CorVel letter of denial9-14-5 C Merritt, DC

CLINICAL HISTORY

1-28-4 D Hill MD. c/o arm pain and N.

2-8-5 D Hill, MD. Lumbar strain. MDP.

2-17-5 AmComp letter of denial of compensability. States that the patient has a disease of life.
2-23-5 Lubbock Occupational Health Center note. DNKA'd. Also DNKA'd Oct 28. Multiple notes. Abd and wrist strain.
3-7-5 C Merritt, DC. Recs rehab. Multiple ov's.
4-27-5 MRI. Large hnp right and midline 34. 6.7 x 10.3 mm.
4-27-5 G Hill, MD. Tx so far: PT, worse. DC. c/o lbp, L pT, a C, 1st web space. N, IT to 1st. PE: weak toe raise L, dec flx, L calf atrophy, AJ's absent, weak L ehl, N 1st two toes, SLR left reproduces left leg pain. No symptom mag. Add: hnp shows large hnp 34 and emg shows left L4,5 and S1 radic.
5-5-5 C Weber, MD. OTJ 2-3-5 lifing roll of wire. c/o lbp and Left leg to 1st two toes aC. Inc with sitting, bending, walking. PE no AJ's, sensation is decreased to s Left F, 1st web space, medial and lat calf. Dec ankle and toe dorstflexion and toe plantarflexion. LSR + L.EMG + left L5 and L4.
5-23-5 G Hill, MD. ?DD. saw pt 4-27-5, rec'd MRI and EMG, showed large hnp and radic. Rec'd surgical tx.
7-21-5 R LeGrand, MD, neurosurgeon. PT, DC, nsaid. PMH – lbp. c/o lbp and L leg. Inc walking, standing. EMG + left. No steroid inj. MRI large hnp 34. Getting worse. PE + slr L, bilat quad weakness, anbsent R kj, absent ankles, weak ehl and plantar flexors (?side). Dx hnp 34 and partial cauda equina syndrome. Options: esi. *“I feel that he needs myelo and ct to further define the pathology to see what type of surgery he needs. He may be able to get by with a simple discectomy, but I do feel that he is going to need operative intervention because of his neurological deficit and large disc extrusion seen on the mri scan.”*
8-17-05 CorVel letter of denial. Same rationale as below. Pt no a fusion candidate because he is a smoker.
9-2-5. CorVel letter of denial. CT/myelo not indicated because MRI showed a large hnp L34 causing spinal stenosis. Failed PT, CE, and nsaid. Pathology has already been identified. Requesting MD is out of town. Already denied x 2.
9-14-5 C Merritt, DC. Lbp and L leg to toes. PE dec sens, mmo tib ant and ehl both 4/5.

DISPUTED SERVICE(S)

Under dispute is prospective, and/or concurrent medical necessity of Lumbar Myelogram/CT.

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

If a surgeon feels that The Patient will need surgery, then the surgeon must have all the information necessary to plan surgery. Although Dr. LeGrand did not express the need clearly, it is evident that the size of the disc herniation is of some concern. A large disc herniation can be associated with instability, a finding that will not show up on an MRI scan because the MRI scan is a recumbent study. A portion of the myelo/CT is performed standing, a posture that not only can demonstrate instability but is a posture that cannot be duplicated on an MRI scan. The MRI revealed only part of the pathology, but cannot reveal instability. None of the denial letters addresses the concept of instability. The second argument, that the patient is not a fusion candidate because he is a smoker, is spurious.

Screening Criteria

1. 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

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

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

IRO America 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,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

Cc: [Claimant]

Amcomp Assurance Corp.

Attn: Jerry Hoes

Fax: 512-732-859

Dr. Merritt

Fax: 806-744-4210

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, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 18th day of November, 2005.

Name and Signature of IRO America Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer