

November 1, 2005

TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-0164-01

CLIENT TRACKING NUMBER: M2-06-0164-01 5278

---

An amendment was made to this review on 11/3/05

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department Insurance Division Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC 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 DWC 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:**

FROM THE STATE:

Notification of IRO assignment 10/17/05 1 page  
Texas department of insurance form 10/17/05 1 page  
Medical dispute resolution request/response 2 pages  
Provider form 1 page  
Table of disputed services 1 page  
Letter from Spine associates of Houston 8/31/05 1 page

(continued)

Surgery pre-authorization form 1 page  
Preauthorization report 9/6/05 1 page  
Surgery pre-authorization form 1 page

FROM DR. ANDHI:

Letter from Robert F. Josey 10/24/05 1 page  
Letter from Stacey Madding, RN 9/13/05 1 page  
Surgery pre-authorization form 1 page

FROM THE RESPONDENT, HOUSTON ISD:

Letter from Robert F. Josey 10/27/05 1 page  
Pre-authorization summary 2 pages  
Letter from Dr. Orson, MD 10/9/05 2 pages  
Letter from Stacey Madding, RN 9/13/05 1 page  
Preauthorization report 9/6/05 1 page  
Preauthorization report 8/2/05 1 page  
Preauthorization report 8/2/05 1 page  
Preauthorization report 7/26/05 2 pages

**Summary of Treatment/Case History:**

The patient is a 52 year-old, school counselor who on \_\_\_\_ was struck by a large student running down the hall. She developed low back pain radiating down the right lower extremity. She was noted to have had a similar injury in \_\_\_\_, which responded to a series of epidural steroid injections. The patient treated with physical therapy with some improvement. She did not want epidural steroid injections. On 10/09/05 Dr. Orson indicated that a lumbar myelogram and post CT performed on 08/19/05 was compared with an MRI of the lumbar spine dated 05/16/05. The myelogram showed confirmation of the previously imaged 4 mm broad based left paracentral protrusion at L4-5 with mild to moderate effacement of the left anterior thecal sac and the very proximal left L5 root sleeve, moderate central canal stenosis without foraminal narrowing, which was unchanged compared with the MRI of the lumbar spine dated 05/16/05. There was the possibility of a very subtle posterior central disc bulge at L5-S1 without significant mass effect and moderate central stenosis with small thecal sac, which was also unchanged. She was diagnosed with lumbar radiculopathy of L4-5. A right sided decompression of L4-5, medial hemifacetomy lateral recess decompression, right L5 nerve root decompression and 10 day cryo rental was recommended. These were denied times two.

Pre auth denied for right side decompression L4-5, medial hemifacetotomy, lateral recess decompression, right L5 nerve root decompression. Cryotherapy post operatively times ten days.

**Questions for Review:**

1. ITEM(S) IN DISPUTE: Pre auth denied for right side decompression L 4-5, medial hemifacetotomy, lateral recess decompression, right L5 nerve root decompression. Cryotherapy post operatively times 10 days.

**Explanation of Findings:**

The patient is now 6 months post injury and has been treating for lumbar back pain. This reviewer has been asked to address the medical necessity for a right side decompression L4-5, medial hemifacetectomy, lateral recess decompression, right L5 nerve root decompression and cryo therapy.

The documentation provided is limited. The claimant has findings on lumbar myelogram, which have not changed since the MRI of 05/16/05. The claimant's clinical course post injury is not clear. The claimant's current degree of symptomatology, functional limitations/deficits, objective examination findings, other diagnostic studies, and methods of conservative treatment provided to date with response was not provided.

Based on the limited documentation and a lack of clear worsening in the claimant's condition, the proposed right side decompression L4-5, medical hemifacetectomy, lateral recess decompression, right L5 nerve root decompression cannot be recommended as medically necessary. Therefore, the Cryotherapy would not be indicated.

**Conclusion/Decision to Not Certify:**

1. ITEM(S) IN DISPUTE: Pre auth denied for right side decompression L 4-5, medical hemifacetectomy, lateral recess decompression, right L5 nerve root decompression. Cryotherapy post operatively times 10 days.

The proposed right side decompression L4-5, medical hemifacetectomy, lateral recess decompression, right L5 nerve root decompression cannot be recommended as medically necessary. Therefore the Cryotherapy would not be indicated.

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

AAOS, Orthopedic Knowledge Update, Spine, 2, Chapter 36, pages 343-345

-----

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 Pennsylvania Medical Society, and the Pennsylvania Orthopaedic Society. The reviewer is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has research and publication experience within their field of specialty. This reviewer has been in active practice since 1996.

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, payor and/or URA, patient and the TDI DWC.

**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).

(continued)

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

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 MRloA 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 MRloA 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 MRloA 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 MRloA 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.

1188671.1

cb

cc: Requestor  
Respondent

C110305b