

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	_____
MDR Tracking Number:	M2-06-0169-01
Name of Patient:	_____
Name of URA/Payer:	American Casualty Co. of Reading
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Junaid Farooqui, DC

November 10, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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: _____
Robert J. Henderson, MD
Junaid Farooqui, DC
Division of Workers' Compensation

RE: ____

CLINICAL HISTORY

Items submitted for review included:

- * Notification of IRO Assignment – TDI, Div. of Worker's Compensation
- * MDR Dispute Resolution Response
- * Medical Reports and Notes – Robert Henderson, MD
- * MRI Report 01/03/05 – Jonathan Bard, MD
- * EMG/NCV Reports – Sherine Reno, MD
- * Utilization Review Notes – Peter Garcia, MD, Andrew Prychodko, MD
- * Medical Notes and Reports – Concentra, David Logan, MD
- * Chiropractic Notes and Reports – Dallas Physical Performance Center
- * Osteopathic Reports and Notes – Clifford Ferrell, DO
- * Lumbar X-ray Reports – Jonathan Bard, MD
- * Chiropractic Reports and Notes – Junaid Farooqui, DC, Ted Krejci, DC, Karl Kuchenbacker, DC
- * Electrodiagnostic Reports – James Barry, MD
- * Pain Management Reports – CM Schade, MD, PhD
- * FCE Reports – Dallas Physical Performance Center
- * RME Medical Reports – Jack Kern, MD
- * Medical Reports – James Galbraith, MD
- * Designated Doctor Evaluation – Stephen Fowler, MD, PhD
- * Neurodiagnostic Reports – Stephen Becker, MD

Available information suggests that this patient reports experiencing an occupational injury on ____ involving her lower back. She appears to have presented initially to Concentra Medical Center and was treated conservatively for low back strain. X-rays are performed and were not found significant for any acute pathology. The patient later presents to a chiropractor and is referred for multiple medical assessments and diagnostic studies. MRI is performed 01/03/04 and indicates lumbar facet changes but no significant discopathy. The patient underwent epidural steroid injections that slightly improved back pain but did not improve radicular leg pain. Multiple neurodiagnostic tests are performed and suggest some level of L4 nerve irritation. Multiple chiropractic and physical modalities appear to

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be performed without any significant resolution of symptoms. Repeat MRI of the lumbar spine appears to be ordered.

REQUESTED SERVICE(S)

Determine medical necessity for repeat Lumbar MRI requested.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical necessity for repeat advanced imaging of this nature (MRI), regarding these reported conditions, **is not supported** by available literature, current disability guidelines and previous negative studies available. Repeat MRI studies are only indicated if there is documented progression of neurologic deficit. In addition, current studies suggest that repeat MRI imaging for the lumbar spine does not offer significantly useful diagnostic information or accurate information necessary for therapeutic planning.

ACOEM Occupational Medicine Practice Guidelines, Second Ed. 2004, Chapter 12, p. 303.

RSNA (SSE22-03) Cleveland Clinic Foundation and (SSC12-03) Hoag Memorial Hospital Imaging Guidelines, Newport Beach, CA, (Radiology, November 2005, Vol. 237:2, pp. 597-604).

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

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No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider 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 carrier health care providers who reviewed the case for decision before referral to the IRO.

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RE: _____

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 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 10th day of November 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell