

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0324-01
Name of Patient:	
Name of URA/Payer:	Texas Mutual Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Richard R.M. Francis, MD

January 5, 2006

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.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Richard R.M. Francis, MD
Jerry M. Keepers, MD
Division of Workers' Compensation

CLINICAL HISTORY

Records Reviewed

- A. Pre-authorization notices
- B. Progress notes Richard Francis, M.D.
- C. Pain management progress notes from Jerry Keepers, M.D.
- D. Procedure notes
- E. Imaging studies

This is a 39 year old gentleman who reportedly slipped and fell on _____. The medical records provided did not establish care being given until May 24, 2005. At that time Dr. Francis suspected a disc herniation. An MRI was obtained and noted a calcified disc at the T5-6 level. A trial of thoracic ESI's was prescribed. Shortly thereafter there was a pain management consultation with Dr. Keepers who noted the same diagnosis and set the claimant up for an ESI. The first ESI was carried out on July 13, 2005. Two weeks later Dr. Francis specifically notes that there was no benefit from the first injection and with a negative result that he does not go on to a second or third (July 26, 2005 progress note). However, Dr. Keepers reports that there was some benefit. And wanted to do the next two injections. In the next follow-up appointment Dr. Francis reiterated that he would not do the subsequent injections but secondary to the mitigating circumstances the subsequent injections should be tried. Dr. Keepers concurred and prescribed medications for the claimant.

REQUESTED SERVICE(S)

Outpatient thoracic epidural steroid injections

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This is a morbidly obese gentleman with a calcified thoracic disc. That would indicate very long standing changes. Additionally the imaging studies note osteophytic changes. The purpose of the steroid is to control inflammation and reduce the pain associated with the nerve root irritation. In this case the changes and causation of the nerve root irritation is not a disc lesion amenable to steroids, rather changes to the normal bony architecture and calcific changes to the disc. As noted in the ODG "Whether injections are repeated depends upon the patient's response to the previous injection session. Subsequent injection sessions may occur after 1 to 2 weeks if patient response has been favorable. If a patient does not experience any back pain or leg pain relief from the first epidural injection, further injections will probably not be beneficial." Moreover as noted by Braswell and Shah in Pain Physician 2005;8(1):1-47 with 714 references suggested frequency of interventional techniques should be 2 months or longer between each injection, provided that $\geq 50\%$ relief is obtained for 6 to 8 weeks. This was not achieved and the repeat injections are not indicated.

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.

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 5th day of January 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell