



Specialty Independent Review Organization, Inc.

December 19, 2005

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0366-01
IRO #: 5284

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

Specialty 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 50-year-old female injured her back after lifting two 45 pound boxes at work on _____. Following the injury she was treated with weekly therapy that did not improve her symptoms. The patient underwent an MRI on 07/20/2004 and a CT on 10/08/2004 that revealed pathology at L5-S1. Following the tests, the patient had two ESIs with only minimal relief.

On 07/27/2005 a decompression of the lumbar spine at L5-S1 was done. After surgery the patient had marked improvement for approximately 2-3 weeks. The patient suffered no new trauma but pain developed again, with associated numbness in the left leg. The treatment has been with medications, but there has been no improvement.

Physical examination by the treating doctor reveals paresthesia in the left leg, low back tenderness, a well healed incision, restricted range of motion, and difficulty in walking.

RECORDS REVIEWED

Zurich Corp, Letters: 9/20 and 10/06/2005.

____, Letter: 10/31/2005.

B McCaskill MD, Letters: 9/8 through 10/24/2005.

Records from Patient:

____, Letters: 6/22 and 11/28/2005.

Metro Radiology, MRI: 7/19/2004.

Southwest Imaging, CT Scan: 10/8/2004.

HealthSouth Report: 4/15/2005.

Zurich Corp Letters: 6/1 and 6/24/2005.

Imaging Center, MYELO/CT: 7/12/2005.

B McCaskill MD, Report: 11/8/2005.

Professional Associates, Letters: 11/8 and 11/16/2005.

W Woolverton DC, Letter: No date.

Additional Records – Doctor/Facility:

B McCaskill MD, OP Report and Discharge Summary: 7/27/2005.

Additional Records from Carrier:

J Sheffield, Letters: 11/18 and 11/28/2005.

Medical Dispute: 11/7/2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a post operative lumbar MRI with contrast.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient did well following surgery for 2-3 weeks, but developed recurrent radicular complaints that have continued to increase in severity. A post-operative lumbar MRI with contrast would reveal if there was fibrous tissue developing or a recurrent disc or occult fragment present.

References:

Gunzburg and Szpalski: The Failed Spine.

Bono, Garfin, et al: The Spine.

Kaplan, Helms, et al: Musculoskeletal MRI.

Manaster, Disler & May: Musculoskeletal Imaging, 2nd Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that 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.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

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 via facsimile, U.S. Postal Service or both on this 19th day of December 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli