

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Phone: 512-288-3300

Austin, Texas 78735

FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0427-01
Name of Patient:	
Name of URA/Payer:	TASB Risk Mgmt. Fund
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Kenneth Berliner, MD

January 17, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. 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: Kenneth Berliner, MD
Division of Workers' Compensation

CLINICAL HISTORY

RECORDS REVIEWED:

1. The Texas School Board's denial and rationale.
2. MRI scan of the lumbar spine from 5/15/03 as well as x-rays of the lumbar spine 5/15/03. EMG of lower extremities x 3, 7/16/02, 3/25/03, and 7/8/05. Lumbar myelogram with follow through CT scans performed on 2/5/04, and 4/4/04. Physical therapy notes from Cypress Wood Physical Therapy, 2/16/94 to 11/26/04.
3. Her surgical report dictated by Dr. James Ghadially, 6/21/04 as well as postoperative notes by same physician.
4. Impairment rating performed by Jerry McSwain, 3/18/04.
5. Medical notes from Dr. Kenneth Berliner from 8/26 through 11/14/05.

This young lady was injured at work in _____. She was apparently lifting pots of chili and then felt significant low back pain. She was found to have herniated discs at L4, and this led to a lumbar laminectomy and fusion. Later, there was a strong concern that she had a pseudoarthrosis at L5, and she changed physicians, and the second physician performed a 360 degree fusion from L4 through S1. Throughout all of this, she had been complaining of back and leg problems. The leg problem has been described as being right sided bilaterally and more currently, left sided. Because Dr. Ghadially has left the Workman's Comp system, she has sought help elsewhere and has recently been going to see Dr. Kenneth Berliner, who initially saw her August 26, 2005. AT this point, he recommended imaging studies of the patient as well as an EMG evaluation, which have been denied, as she has had two surgical procedures in the past.

REQUESTED SERVICE(S)

CT myelogram.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

This fairly extensive chart was reviewed and it all boils down to the notations made by Dr. Berliner. He feels that this patient does have a lumbar radiculopathy, and on physical exam, she is noted to have nerve retention signs. She is noted to have paraesthesias, anesthesia, and decreased strength and reflexes, all in an S1 root distribution. She has pain in this leg as well as in her low back. Some imaging study should be performed. Strongly recommend a CT myelogram with thin cuts through the area. If this and an EMG are negative, then clearly the problems that she has now are not remediable to any type of surgical procedure.

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 18th day of January, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell