

December 28, 2005

TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-0459-01

CLIENT TRACKING NUMBER: M2-06-0459-01 5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of 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 reviewing provider has no known conflicts of interest existing 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.

**Records Received:**

**RECORDS RECEIVED FROM THE STATE:**

Notification of IRO Assignment dated 12/14/05, 15 pages

**RECORDS RECEIVED FROM LIBERTY MUTUAL:**

Letter to MRIOA from Liberty Mutual dated 12/15/05, 2 pages

Letter from Intracorp dated 10/3/05, 2 pages

Letter from Intracorp dated 10/10/05, 2 pages

Letter from Intracorp dated 10/14/05, 2 pages

List of providers who examined patient from Liberty Mutual dated 12/6/05, 1 page

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Letter dated 12/8/05 to Texas Workers Comp Commission, 1 page

Request for precert dated 9/28/05, 1 page

Case Event Summary 2 pages

Other Notification Confirmation, 9/29/05, 2 pages

Reconsideration/appeal request from Abilene Pain Consultants dated 10/11/05, 1 page

Office note from Abilene Pain Consultants 9/19/05, 1 page

Service estimate from Advanced Imaging Solutions dated 12/2/05, 2 pages

**Summary of Treatment/Case History:**

The patient is a 51 year old male patient with a date of injury of \_\_\_\_\_. He has had prior lumbar surgery. He complains of low back pain radiating to both legs. There is no physical exam done on the one clinical note submitted to support any injections. There is no indication of prior treatment or the results of such. There is no MRI or CT scan submitted.

**Questions for Review:**

1. Preauth denied for lumbar epidural steroid injections. Are these medically necessary?

**Explanation of Findings:**

1. Preauth denied for lumbar epidural steroid injections. Are these medically necessary?

The patient's injury is chronic and he is post-surgical. There are no relevant clinical findings noted or results of any prior injections. For all these reasons, the efficacy of an ESI is not supported.

**Conclusion/Decision to Not Certify:**

The ESI injections are not medically necessary.

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

Criteria used are common practice among osteopathic and pain physicians.

**References Used in Support of Decision:**

1. Practical Management of Pain copyright '00 by P. Raj pgs 737-8.
2. Principles and Practice of Pain Management by C. Warfeld copyright '93 pgs 401-404.
3. NE J Med 336:1634, 1997 by Carette et al.
4. Corlandt Forum May 2001 159;90 "Steroids and Acute disc herniation" Crowell R.M.

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The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

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, and the DWC.

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## 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 / 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 MRIOA 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 MRIOA 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 MRIOA 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 MRIOA 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.

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cc: Requestor  
Respondent