

P-IRO

An Independent Review Organization
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January 24, 2006

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee

TDI-DWC #

MDR Tracking #:

M2-06-0466-01

IRO #:

5312

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

P-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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by The Requestor, Respondent, and Treating Doctor(s), including: 10-2-03, 10-16-3 pain drawing, M Fuentes, MD10-03 PT billing10-8-3 P Gasquoine, PhD, neuropsych consult11-19-3 Cervical MRI-12-3 M Fuentes, MD1-7-4 J Santos, MD, neurology, includes EMG1-7-4 B Alter, MD, RME4-28-4 MRI. 4-28-4 Bergara, DC5-27-4 EMG E Guido, MD: 8-18-4 R Potter, MD, anesthesia pain management: 10-25-04 ESI11-26-04 B Alter, MD impairment rating2-11-05 esi #33-23-5 Casey Cochran, MD4-21-5 Obermiller, MD. RME5-14-5 J Borkowski, MD7-5-5 G Vergara, DC7-27-5 EMG, Wm High, MD8-8-5 K Verlander, Pain Drawing9-30-5 R Potter, MD10-14-5 R Potter Letter of Appeal10-18-5 Forte Letter of Denial10-25-05 Forte Letter of Denial.

CLINICAL HISTORY

OTJ ____. 46 y/o assaulted by a patient.

9-2-03 E Terry, MD. ER. Hit in face, slammed to floor. No loc. C/o ha's, pain. PE speech/motor ues and les neg/sens/dtrs/cerebellar/brisk dtrs prob nl/. CT show small temporal lobe lesion 3mm = granuloma vs petechial hemorrhage [**differs from the report**]. Admitted for obs. **No mention of lbp**

9-9-3 Xray mandible, knee, negative.

9-2-3 Xray C spine, Spurring C6.

9-2-3 CT head, negative.

9-2-3 MRI head, negative.

9-22-3 X ray L spine 5 view. Transitional process L5 left, degen spurring L23. No spondy.

10-2-03, 10-16-3 pain drawing, M Fuentes, MD: alb, **Left BpTpC.** [= S1 or L5, not L4]

10-03 PT billing x several ? 20.

10-8-3 P Gasquoine, PhD, neuropsych consult: "suggestions of symptom exaggeration.". Complaints include lbp.

11-19-3 Cervical MRI: large anterior disc prot, sublig hnp C67.[sound like the spurring seen on reg Xray and it's anterior].

3-12-3 M Fuentes, MD.head neck L eye and back pain.

1-7-4 J Santos, MD, neurology, includes EMG. Assaulted, fell backwards, struck her back. C/O neck, bil sh, bil hand N, lbp, L B,T,F. Detailed neuro exam neg. **EMG NEGATIVE** except for cts left arm.. No evidence for active radic. Rec nsaid and wrist splint.

1-7-4 B Alter, MD, RME: 0% IR. c/o lbp and Right leg. **Sketchy exam +/-**. No dtr's or sensory, or rts. ROM validity is questionable. > 0% IR.

4-28-4 MRI. 34: 4mm sublig hnp, mild central st, mild foram, facets No mention of NR. 45: 3mm foram foacl hnp, facets, mod narrowing L foram.> **impingement on L L4 nerve..**

4-28-4 Bergara, DC. Pt working.

5-27-4 EMG E Guido, MD: mildly abn in paras only, left side > 3,4,5 [note paras can be abnormal in normal pts].

8-18-4 R Potter, MD, anesthesia pain management: 7-10/10 lbp, rad bil below ks, R>L, L B and l A [**L S1 or L5**]. R rad to great toe [**>L5 R**]. PE: kjs/ absent ajs/ mmt/bil slr +.MRI 34 disc herniation + mod central stenosis + mild foram [**no L4**]. 45: L foram herniation, mod narrowing L foram [**but no L 4 nr**]. **Doesn't correlate L5/S1 type pattern with MRI.** Plan tfesi R L4 and S1.

10-25-04 ESI 45. immediate relief post proc. Had 2nd ESI 12-04

11-26-04 B Alter, MD impairment rating. ROM invalid, IR based on DRE. IR = 15%

2-11-05 esi #3. Relief post esi.

3-23-5 Casey Cochran, MD. Dr. Alter's IR was inaccurate because it failed to meet AMA guides' radic criteria.

4-21-5 Obermiller, MD. RME. 5 foot 9, 220 lbs. PE dec rom/circ/h/t/nl strength/sens. No dtrs noted. MRI bulges 34 and 45, no hmps. DX lumbar strain. PE unimpressive. No evidence of radic. Agrees with MMI, but not with Alter's IR (no radic criteria). Pt at MMI and no longer suffering from the otj. Residual c/o are due to degenerative findings. Not compensable. No more treatment/tests/DC necessary.

5-14-5 J Borkowski, MD. Otj, c/o lbp, bil sh pain. Tried to rtw. 8/10. **c/o lbp, neck, ha, bil N in fingerrips, lbp, L B, L pT.** Inc ext, sitting. PT, DC, narcotics, Flx. No nsaid or emg. PE pleasant/neck spasm/nontender/ neck ext pain/motor ue and le/dtrs/+ slr ? side. MRI poor quality due to limited cuts. L34 bulge with tear, 45 tear. Dx discogenic syndrome lb and cervical whiplash. Rec esi.

7-5-5 G Vergara, DC: lbp, N bil, pain L. HEP.

7-27-5 EMG, Wm High, MD. Suble L L5 radci findings both in **leg** and paras.

8-8-5 K Verlander, Pain Drawing: pain L BpTpC, numbness stocking distribution from groin to toes bil.

9-30-5 R Potter, MD. Pmp Neurontin, M. ESI x 3. PE slr L lbp/mmt 5/5/dtrs =/ flx pain/ + emg. Dx L 15 radic and 2 o 3 level disc disease. Pain from 34 or 45. Possible occult disc tear 51. Rec 23 to 51 disco "in order to shed some light on what is causing her problem." Then consider surgical referral. Pt is working LD and still has signif pain.

10-14-5 R Potter Letter of Appeal. Rejects psych eval because no evidence of psych problems. Closed head injury no a reason for psych. As for control at 51, "MRIs only show 33% of annular tears and it is well known by any spine physician that the 51 disc is one of the most likely to be pathological even if normal on MRI". Wants a 4 level disco.

10-18-5 Forte Letter of Denial. The L5S1 disc was unremarkable on MRI and it is unclear why this cannot serve as a control level. Also, ACOEM and OGDTCW guidelines recommend against discography in patients with psychological problems without a psychological evaluation.

10-25-05 Forte Letter of Denial. Cites J Neurosugery that MRI documented normal disc space should not be considered as a source of LBP for surgery

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of Lumbar discogram at L2-3, L3-4, L4-5, and L5-S1.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer agrees with the physician advisors and carrier that the L5-S1 level can function as a control. It is not standard of care to operate on a radiographically (MRI) normal disc. Discography is an invasive, painful procedure that has risk of complications (most notably, infection). It is most appropriate for a spine surgeon to make this decision since the only treatment that discography would lead to in this case is surgery.

Screening Criteria

General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

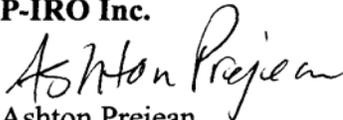
CERTIFICATION BY OFFICER

P-IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. P-IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of P-IRO Inc., I certify that there is no known conflict between the Reviewer, P-IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

P-IRO is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer

Cc: Ryan Potter
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State Office of Risk Mgmt.
Attn: Jennifer Dawson
Fax: 512-370-9170

Geraldo Vargara
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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.

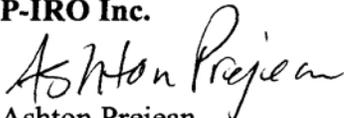
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the 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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 24th day of January, 2006.

Name and Signature of P-IRO Representative:

Sincerely,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer