

January 9, 2006

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

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-06-0469-01  
CLIENT TRACKING NUMBER: M2-06-0469-01

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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 case in question 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 from the State:

Notification of IRO Assignment, 12/22/05  
Notice of receipt of request for medical dispute resolution, 12/22/05  
Medical Dispute Resolution Request/Response form, received 12/1/05  
Medical Dispute Resolution Request/Response form, completed 12/7/05  
Table of Disputed Services  
List of providers  
Letters from Texas Association of School Boards, 11/10/05 x2, 11/22/05 x2

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Records from the Treating Provider:

Follow-up Examinations, Texas Pain Institute, 5/4/04, 7/6/04, 11/9/04, 12/30/04, 1/25/05, 2/1/05, 2/22/05, 8/23/05, 11/3/05

Records from the Respondent:

Prospective Review (M2) Response, 12/28/05

TASB position Statement regarding spinal cord stimulator battery change

Instructions for completing Medical Dispute Resolution Request/Response, 12/9/05

Letters from Texas Association of School Boards, 11/10/05 x2, 11/22/05 x2

Pre-Authorization form, 1/4/05

Pre-Authorization Information form

Progress and Examination notes, A. Carrasco, MD, 1/8/95, 1/17/95, 1/31/95, 3/30/95, 6/13/95, 7/25/95, 9/12/95, 10/31/95, 12/11/95, 12/14/95, 1/9/96, 1/16/96, 2/6/96, 4/2/96, 6/4/96, 7/18/96, 9/10/96, 10/22/96, 1/21/97, 5/20/97, 7/31/97, 8/19/97, 8/26/97, 9/23/97, 1/20/98, 7/2/98, 7/21/98, 7/30/98, 8/27/98, 1/4/00, 1/17/01, 1/15/02, 4/26/02, 5/13/03, 4/1/04, Operative reports, 1/26/95, 3/8/95, 3/30/95, 8/16/95, 12/11/95, 1/8/96, 8/21/96, 8/11/97, 7/13/98

Radiology report, 12/14/95

Letter Dr. Mayo Galindo's office, 12/19/95

Fax, Arthritis Diagnostic & Treatment Center, 12/18/95

Letter, Cellina Gonzalez, 12/22/95

Explanation of Benefits

Letters, AT Carrasco, MD, 1/22/96, 3/3/04

Letter requesting additional information, Raymond Linder, 2/8/96, 2/1/96, 2/5/96

Letters from TASB to AT Carrasco, MD, 12/21/95, 8/8/96, 9/10/96, 8/1/97, 7/12/98

Statement of services

Copies of cancelled checks SAS Factory Shoe Store

Mileage records

Blank Recommendation for Spinal Surgery form

Fax from South Texas Radiology Group, 1/23/98

Office note, R. Molina, MD, 11/30/01, 6/27/95, 9/16/95, 4/19/96, 6/4/96, 8/13/96, 10/10/96, 12/10/96, 4/1/97, 4/29/97, 7/22/97, 10/14/97, 4/15/98, 10/6/98,

Preauthorization request forms, 1/18/01, 4/20/02, 5/14/03, 3/2/04

Medtronic pamphlet

Page one of letter from Roland Jackson, MD to Mr. O'Shea, 1/26/95

Specific and Subsequent Medical Reports, 5/17/95, 7/25/95, 2/3/98

Office notes, Mayo Galindo Jr. MD, 1/17/95, 4/25/95, 5/17/95, 6/7/95, 10/16/96, 2/3/98

Report of Medical Evaluation, 10/16/96

Consultation, Wayne Gordon, MD 7/23/98

Consultation, Maggie Marrero, PhD, 11/16/95, with and Doctor's notes 11/16/95, 11/17/95

Database and Remarks Tracking System notes

Preauthorization Decision and Rationale letters, 8/1/97, 5/1/02, 5/15/03, 5/3/04, 1/4/05

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Letters from TASB–Risk Management Fund, 5/1/02, 5/15/03, 3/5/04, 1/4/05  
Request for Preauthorization forms, 7/6/98, 4/29/02  
Fax, TASB–Risk Management Services re: opportunity for Peer to Peer Telephonic Consult, 3/3/04  
Pre–Authorization form re: Peer to Peer call, 3/5/04  
Work/School Status form, 1/26/96  
Letter to Injured Worker, 2/16/96  
Letter to Hospital Administrator from TASB, 4/10/97  
Receipts for certified mail  
Patient procedure history  
List of dates of service to Arthritis Diagnostic & Treatment Center, 2/3/98, 3/4/98  
Letter from TASB, 1/26/98  
Explanation of Benefits, 1/3/98, 7/21/98  
Bills, Texas Pain Institute, 1/20/98, 2/3/98, 4/15/98, 7/2/98, 7/13/98, 7/21/98, 7/30/98, 8/27/98,  
Bill, Joel Rutstein, MD, 10/6/98  
Bill, Medtronic, 6/5/98  
Bill, Specialty Surgery and Pain Center, 7/13/98  
Letters of Reconsideration, 8/31/98, 9/15/98, 10/13/98, 11/16/98  
Pharmacy Service Statements, 1/6/98, 3/5/98  
Fax Coversheet, South Texas Radiology Group, 1/23/98–2/23/98  
Case History (Summary)  
Medical Evaluation Specialists form, undated

Records from Treating Provider:

Operative report, 6/4/03  
Operative report, 3/15/04  
Operative report, 1/17/05

**Summary of Treatment/Case History:**

The date of injury was \_\_\_\_\_. The patient has a history of right lower extremity pain secondary to sympathetic pain syndrome. From the records, the last battery change was 1/17/05. The patient has had multiple battery changes. The batteries last about 1 year.

**Questions for Review:**

1. Item in dispute: Preauthorization request: Spinal Cord Stimulator Battery Change.

**Explanation of Findings:**

While it is true that the Stimulator battery Itrell 3 can last up to 5 years, if a patient is using the stimulator for 12 hours a day or more, it is not so uncommon for a battery only to last 1 year. There are rechargeable batteries now that might be better for the patient, but than the leads would have to be changed and it might be difficult to replace them because of scarring from the previous lead. At this time since patient is getting good results from stimulation, replacing the battery is appropriate.

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**Conclusion/Decision to Certify:**

1. Item in dispute: Preauthorization request. Spinal Cord Simulator Battery Change.

The battery change for the spinal cord stimulator is medically necessary.

**References Used in Support of Decision:**

The Management of Pain, John J. Bonica 3rd Edition 2001

Essentials of Pain Medicine and Regional Anesthesia, second edition published in 2005

Medicare/HICFA guidelines American Society of Interventional Pain Physicians

Interventional Pain Management Second Edition, Steven Waldman, MD, JD 2001

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The physician providing this review is board certified in anesthesiology and pain medicine. The reviewer has received additional certification from the American Academy of Pain Management. The reviewer has experience as a director of anesthesia, and pain management at hospital and sports clinic facilities. The reviewer has been in active practice since 1994.

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.

**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

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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 MRloA 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 MRloA 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 MRloA 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 MRloA 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.

1200866.1

Case Analyst: Valerie O ext 554

Cc: Requestor  
Respondent