



Specialty Independent Review Organization, Inc.

January 26, 2006

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

Patient:
DWC #:
MDR Tracking #: M2-06-0479-01
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 Medical Doctor with a specialty in Anesthesia and Pain Management. 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

Mr. ___ sustained an injury at work in ___. He had laminectomies, facetectomies, interbody fusion L3/4 as well as placement of instrumentation at that level and fusions at L4/5 and L5/S1. He had a course of physical therapy and chiropractic therapy. His current medications are Quinine, Hydrocodone, Carisoprodol, Trazadone and Senna.

RECORDS REVIEWED

Records from the requestor include the following: treatment/follow up note of 11/4/05

Records from the respondent include the following: Forte UR findings and peer review by Gregg Vagner, MD.

REQUESTED SERVICE

The requested service is one lumbar epidural steroid injection in an outpatient setting.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient does not have radicular findings and has a negative straight leg raising test. The ASIPP Guidelines do not support performing an epidural injection in this setting. The guidelines suggest a different approach as per the Algorithm (4A) as noted in the reference section.

REFERENCES

ASIPP Practice Guidelines, Algorithm 4A, Pain Physician 2001:4; p. 41

ASIPP Practice Guidelines, Interventional Techniques in the Management of Chronic Pain, Pain Physician 2001:4; pps.24-98.

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 Division via facsimile, U.S. Postal Service or both on this 26 day of January 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli