

January 24, 2006

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

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-0489-01

CLIENT TRACKING NUMBER: M2-06-0489-01 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, 12/29/05 - 2 pages
- Medical Dispute Resolution Request/Response, 12/29/05 - 2 pages
- Table of Disputed Services, undated - 1 page
- Letter to Jacob Rosenstein MD from Texas Mutual Insurance Company, 11/17/05 - 2 pages
- Letter to Jacob Rosenstein MD from Texas Mutual Insurance Company, 11/29/05 - 2 pages
- Letter to Whom it May Concern from Jacob Rosenstein MD, 11/16/05 - 1 page

Records Received from the Requestor:

- Office Notes from Jacob Rosenstein MD, 11/2/05 - 3 pages

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Records Received from the Respondent:

- Letter to MRIOA from Texas Mutual Insurance, 1/17/06 - 2 pages
- North Texas MRI Open Air MRI Scan of the Lumbar Spine, 1/17/05 - 2 pages
- Marlon D. Padilla MD Follow-Up Evaluation, 3/15/05 - 2 pages
- Marlon D. Padilla MD Follow-Up Evaluation, 5/25/05 - 2 pages
- Letter to Dr. Marcum From Lone Star Imaging and Diagnostic Center, 7/11/05 - 1 page
- Lone Star Imaging and Diagnostic Center Report of Procedure, 7/11/05 - 1 page
- Letter to Dr. Marcum From Lone Star Imaging and Diagnostic Center, 7/18/05 - 1 page
- Lone Star Imaging and Diagnostic Center Report of Procedure, 7/18/05 - 1 page
- Marlon D. Padilla MD Follow-Up Evaluation, 8/5/05 - 2 pages
- Letter to Dr. Marcum From Lone Star Imaging and Diagnostic Center, 8/9/05 - 1 page
- Lone Star Imaging and Diagnostic Center Report of Procedure, 8/9/05 - 1 page
- Marlon D. Padilla MD Follow-Up Evaluation, 11/1/05 - 2 pages
- Office Notes from Jacob Rosenstein MD, 11/2/05 - 3 pages
- Letter to Patient from Texas Mutual Insurance Company, 11/17/05 - 2 pages
- Letter to Jacob Rosenstein MD from Texas Mutual Insurance Company, 11/29/05 - 2 pages
- Marlon D. Padilla MD Follow-Up Evaluation, 11/29/05 - 2 pages
- High-Point Rehabilitation Institute Chronic Pain Evaluation, 12/12/05 - 2 pages
- Diagnostic Neuro Imaging Lower Extremity Electrodiagnostic Study, 12/12/05 - 3 pages
- Marlon D. Padilla MD Medical Consultation, 1/18/05 - 3 pages
- Marlon D. Padilla MD Request for Second Opinion, 1/18/05 - 2 pages
- Marlon D. Padilla MD Follow-Up Evaluation, 5/25/05 - 2 pages
- Marlon D. Padilla MD Follow-Up Evaluation, 5/25/05 - 2 pages
- Marlon D. Padilla MD Follow-Up Evaluation, 6/23/05 - 2 pages
- Marlon D. Padilla MD Follow-Up Evaluation, 6/28/05 - 2 pages
- Marlon D. Padilla MD Follow-Up Evaluation, 6/28/05 - 2 pages
- Marlon D. Padilla MD Follow-Up Evaluation, 8/5/05 - 2 pages
- Office Notes from Jacob Rosenstein MD, 11/2/05 - 3 pages
- Letter to Dr. Marcum from Jacob Rosenstein MD, 11/3/05 - 1 page
- Review of Medical History and Physical Exam, 11/22/05 - 2 pages
- Churchill Evaluation Centers Report of Medical Evaluation, 11/22/05 - 2 pages
- Designated Doctor Review Report, 12/5/05 - 1 page
- Letter to Dr. Gross from Dr. Shane Marcum, 9/9/05 - 1 page
- Patient Demographic/Tracker Sheet, 1/11/05 - 1 page
- Telephone Call Log Sheet, 1/14/05-1/9/06 - 2 pages
- Diagnosis and Treatment Sheet, 1/11/05-1/9/06 - 4pages
- Past Medical History Questionnaire, undated - 1 page
- Personal History, 1/11/05 - 2 pages
- Consultation, undated - 2 pages
- Accident and Injury Chiropractic Outline of Procedures for the New Patient other than MVC, undated - 1 page

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- Extremity Examination, 1/11/05 - 1 page
- Verification of Non-Pregnancy, 1/11/05 - 1 page
- Musculoskeletal Examination, 1/11/05 - 1 page
- Accident and Injury Chiropractic Attending Doctor's Recommendations, 1/11/05 - 1 page
- Daily Progress Notes, 1/12/05-1/14/05 - 3 pages
- Internal Radiographic Report, 1/14/05 - 1 page
- Daily Progress Notes, 1/15/05-1/17/05 - 2 pages
- Correction Sheet, 1/18/05 - 1 page
- Accident and Injury Chiropractic Referral Form, 1/18/05 - 1 page
- Daily Progress Notes, 1/18/05-1/20/05 - 3 pages
- Accident and Injury Chiropractic Referral Form, 1/21/05 - 1 page
- Accident and Injury Chiropractic Initial Report, 1/21/05 - 4 pages
- Daily Progress Notes, 1/21/05-1/22/05 - 2 pages
- Extremity Examination, 1/24/05 - 1 page
- Musculoskeletal Examination, 1/24/05 - 1 page
- Patient Satisfaction Survey, 1/24/05 - 1 page
- Daily Progress Notes, 1/25/05-2/4/05 - 7 pages
- Letter To Sir/Madam from Accident and Injury Chiropractic, 2/7/05 - 1 page
- Daily Progress Notes, 2/7/05-2/8/05 - 2 pages
- Accident and Injury Chiropractic Referral Form, 2/9/05 - 1 page
- Daily Progress Notes, 2/9/05-2/11/05 - 2 pages
- Accident and Injury Chiropractic Attending Doctor's Recommendations, 2/16/05 - 1 page
- Patient Satisfaction Survey, 2/16/05 - 1 page
- Musculoskeletal Examination, 2/16/05 - 1 page
- Extremity Examination, 2/16/05 - 1 page
- Daily Progress Notes, 2/17/05-2/25/05 - 6 pages
- Accident and Injury Chiropractic Patient Release Worksheet, 2/25/05 - 1 page
- Job Injury Rehabilitation Center Rehabilitation Services Form, 3/3/05 - 1 page
- Daily Progress Notes, 3/3/05 - 1 page
- Patient Transfer Sheet, 3/8/05 - 1 page
- Job Injury Rehabilitation Center Missed Appointment Form, 3/3/05 - 1 page
- Daily Progress Notes, 3/8/05 - 1 page
- Correction Sheet, 3/10/05 - 1 page
- Daily Progress Notes, 3/11/05-3/14/05 - 2 pages
- Musculoskeletal Examination, 3/16/05 - 1 page
- Daily Progress Notes, 3/21/05-3/30/05 - 2 pages
- Musculoskeletal Examination, 5/17/05 - 1 page
- Daily Progress Notes, 6/6/05 - 1 page
- Job Injury Rehabilitation Center Rehabilitation Services Form, 7/12/05 - 1 page
- Daily Progress Notes, 11/5/05 - 1 page
- Musculoskeletal Examination, 11/5/05 - 1 page
- Daily Progress Notes, 12/2/05 - 1 page
- Letter to Dr. Gross from Dr. Shane Marcum, 9/9/05 - 1 page

- Accident and Injury Chiropractic Referral Form, undated - 1 page
- James D. Gross MD Designated Doctor Evaluation, 6/13/05 - 7 pages
- Initial FCE, 3/4/05 - 8 pages
- James E. Laughlin DO Office Notes, 1/27/05 - 1 page
- Job Injury Rehabilitation Center Rehabilitation Services Form, 2/18/05 - 1 page
- Rehab 2112 comprehensive Patient Examination, 2/22/05 - 3 pages
- Job Injury Rehabilitation Center Rehabilitation Services Form, 2/22/05 - 1 page
- Joint Integrity Test, 2/22/05 - 1 page
- Rehab 2112 Daily Therapy Notes, 2/22/05 - 1 page
- Active Rehab Exercise/Fee Slip, 2/22/05 - 1 page
- Rehab 2112 comprehensive Patient Examination, 7/19/05 - 3 pages
- Joint Integrity Test, 7/19/05 - 1 page
- Active Rehab Fee/Fee Slip, 7/19/05 - 1 page
- Rehab 2112 Daily Therapy Notes, 7/19/05 - 1 page
- Job Injury Rehabilitation Center Missed Appointment Form, 7/21/05 - 1 page
- Job Injury Rehabilitation Center Missed Appointment Form, 7/25/05 - 1 page
- Job Injury Rehabilitation Center Missed Appointment Form, 7/28/05 - 1 page
- Job Injury Rehabilitation Center Missed Appointment Form, 8/1/05 - 1 page
- Job Injury Rehabilitation Center Missed Appointment Form, 8/2/05 - 1 page
- Job Injury Rehabilitation Center Missed Appointment Form, 8/5/05 - 1 page
- Active Rehab Fee/Fee Slip, 2/22/05 - 1 page
- Rehab 2112 Daily Therapy Notes, 7/26/05-7/28/05 - 1 page
- Arthur J. Speece III DO Consultation, 8/1/05 - 1 page
- Rehab 2112 Daily Therapy Notes, 8/1/05-8/2/05 - 1 page
- North Texas MRI Open Air MRI Scan of the Lumbar Spine, 1/14/05 - 2 pages
- Lone Star Radiology AP and Lateral Lumbopelvic Projections, 1/14/05 - 1 page
- Letter to Dr. Marcum from Lone Star Radiology, 6/27/05 - 1 page
- Letter to Dr. Marcum from Lone Star Radiology, 7/11/05 - 1 page
- Lone Star Imaging Report of Procedure, 7/11/05 - 1 page
- Letter to Dr. Marcum from Lone Star Radiology, 7/18/05 - 1 page
- Letter to Dr. Marcum from Lone Star Radiology, 8/1/05 - 1 page
- Letter to Dr. Marcum from Lone Star Radiology, 8/9/05 - 1 page
- Lone Star Imaging Report of Procedure, 8/9/05 - 1 page
- Lone Star Imaging Chart Notes, undated - 1 page
- Harris Methodist Hospital ER Physicians' Order Sheet, 2/23/05 - 1 page
- Harris Methodist Hospital Emergency Nursing Record, 2/23/05 - 1 page
- Harris Methodist Hospital Emergency Physician Record, 2/23/05 - 5 pages
- Worker's Compensation Tracker Sheet, undated - 1 page
- Common ICD-9 Codes, undated - 4 pages
- Active Rehabilitation Procedure, undated - 2 pages
- Harris Methodist Hospital Discharge Instructions, 2/23/05 - 7 pages
- Letter to Patient from Texas Mutual Insurance Company, 11/17/05 - 2 pages
- Accident and Injury Pain Center Notes, 1/12/05-2/10/05 - 1 page

- Texas Workers' Compensation Work Status Report, 1/11/05 - 1 page
- Texas Workers' Compensation Commission Hearing Division, undated - 5 pages
- Texas Workers' Compensation Work Status Report, 1/24/05-11/5/05 - 9 pages
- DWC-69 Report of Medical Evaluation, 12/1/05 - 1 page
- DWC-41, undated - 3 pages
- Confirmation Fax, 1/12/05 - 1 page
- Letter to Patient from DWC, 5/31/05 - 1 page
- Letter to Patient from DWC, 11/2/05 - 1 page
- Request of Records, 7/13/05 - 1 page
- Fax Cover Sheets from Dr. Marcum, 9/13/05-12/1/05 - 2 pages
- Copy of Driver's License, undated - 1 page
- Informed Consent, 1/11/05 - 2 pages
- Fee Schedule, 1/11/05 - 1 page
- Authorization and Assignment of Benefits, 1/11/05 - 1 page
- Texas Health Resources Notice of Privacy Practices, undated - 3 pages
- Notice of Disputed Claim, 2/23/05 - 2 pages
- Acknowledgement of Receipt of Notice, 1/11/05 - 1 page

**Summary of Treatment/Case History:**

The patient was injured on \_\_\_\_ while loading/unloading merchandise with a dolly. He was seen on 1/18/05 by Dr. Padilla, complaining of low back pain, intermittent numbness, weakness and pain in his left lower extremity (also injury to the right shoulder and insomnia). Improvement noted on follow up until 9/8/05 when note mentions continued persistent low back pain and spasm. MRI showed small bulges at L3-4 and L4-5 on 1/14/05.

Designated doctor evaluation 6/13/05 notes low back pain, no radicular complaints.

Dr. Laughlin on 1/27/05 notes no radicular complaints, only low back pain.

Dr. Speece 8/1/05, notes radicular pain.

Dr. Rosenstein notes pain radiating to his left buttock and down his posterior left thigh. Numbness in his left leg and "locking up" of the leg. He also notes loss of urinary continence and sexual dysfunction. Myelogram ordered.

Dr. Angel notes left leg pain radiating to his left foot on 11/22/05.

**Questions for Review:**

Pre authorization request: Lumbar myelogram with CT and reconstruction.

**Explanation of Findings:**

This patient is a 40 year old who developed back pain while lifting a washer/dryer off a dolly on \_\_\_\_\_. Has had continued complaints of back and right leg pain and numbness since then. MRI

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shows only small bulging discs which should not account for his symptoms. His neurosurgeon has ordered a myelogram to see if there is any nerve root or spinal cord compression.

**Conclusion/Decision to Certify:**

Pre authorization request: Lumbar myelogram with CT and reconstruction.

This patient has continued complaints of leg pain, documented by more than one physician. His MRI, as noted by the original reviewer of the myelogram request, is quite unremarkable. Dr. Rosenstein suggests that he also has complaints of bladder incontinence and sexual dysfunction, and raises the question of cauda equina syndrome. It is quite unlikely that this patient has developed cauda equina compression, and if he has it would certainly not be related to his injury on \_\_\_\_ as he had a MRI showing no cord compression after that injury. However, he has had radicular complaints (ie leg pain), clearly documented since the injury. It is reasonable and necessary to perform a myelogram to rule out nerve root compression as the cause of those radicular complaints, as myelogram remains the gold standard test for root compression.

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

Visualization of nerve root compression in the lateral recess and neural foramina may be insufficient on MRI. (1,2)

**References Used in Support of Decision:**

1. Menezes, AH and Sonntag, VK. Principles of Spinal Surgery. McGraw Hill, New York, 1996 p 209
2. Kaiser, MC and Ramos, L: MRI of the Spine; A Guide to Clinical Applications. Thieme. New York. 1990.

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The physician providing this review is board certified in Neurosurgery. This reviewer is a diplomate of the National Board of Medical Examiners. This reviewer is a member of the American Association of Neurological Surgeons, the Texas Medical Association and the Society for Neuro Oncology. This reviewer has been in active practice since 1999.

**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

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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.

MRloA 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.

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 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.

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Case Analyst: Jamie C ext 583

Cc: requestor and respondent