

IRO America Inc.

An Independent Review Organization

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Amended February 1, 2006

January 31, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-0519-01

IRO #: 5251

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

IRO America 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America 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, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Dispute request form
- Abdominal ultrasound, 05/02/03
- Office note, Dr. Vinge, 06/16/05, 06/22/05, 06/29/05, 07/08/05, and 07/12/05
- Therapy note, 06/20/05 and 06/20/05 to 06/23/05; 07/21/05 to 07/27/05; and 08/03/05 to 08/04/05

- Lumbar x-ray, 06/24/05
- Office note, Robert Mentzer, PAC, 06/24/05
- Lumbar MRI without contrast, 07/07/05
- Work status report, 07/18/05
- Prescription for medications 07/18/05 and 08/08/05
- Office note, Dr. Zaltz, 07/18/05, 08/01/05, 08/02/05, 08/08/05, 08/22/05, 09/12/05, and 10/24/05
- Handwritten therapy note, 07/21/05
- Prescription for medication and heating pad, 08/22/05
- Epidural steroid injection given, 08/26/05
- Office note, Dr. Smith, 09/28/05 and 10/19/05
- Office note, Dr. Viesca, 10/12/05
- Work status report, 10/19/05
- EMG/NCS, 10/24/05
- Letter, Intracorp, 10/25/05 and 11/09/05
- Work status report, Dr. Viesca, 10/26/05
- Letter, Attorney, 12/23/05 and 01/04/06

CLINICAL HISTORY

The Patient is a 48 year-old male who reported a low back injury on _____. He noted he was bending over to pick up trash when he felt a pull in his back. He indicated no prior low back injury. He treated for low back, buttock, and bilateral lower extremity pain. He initially treated with physical therapy, medications, and modified duty work. He continued to have complaints of pain. Radiographs from 06/24/05 noted spondylosis from L3-S1. MRI evaluation from 07/07/05 demonstrated spondylosis most prominent at L3-4 and L4-5 with a non-compressive disc protrusion at L3-4. On 07/12/05 his symptomatology was noted to be worsening and he was taken off work. He returned to therapy, continued multiple medications, and utilized a transcutaneous electrical stimulator without relief. He underwent epidural steroid injection on 08/26/05 that failed to offer any benefit. Electrodiagnostic studies performed on 10/24/05 were reportedly normal with possible early S1 neuropathy. His physical examination findings were not indicative of compressive pathology. Repeat epidural steroid injections have been requested.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Injection foramen epidural L/S (64483) and injection foramen epidural (64484)

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend the epidural steroid injections, either foraminal or otherwise, as being medically necessary for This Patient. The Patient had an epidural steroid injection in September 2005 that did not give him any relief. He has evidence of degenerative disc disease of his lumbar spine but little in the way of radiculopathy. There are no neurologic signs and his symptoms have been ongoing. It is a chronic problem. According to ACOEM Guidelines, epidural steroid injections are not indicated for chronic low back pain. Given the fact that This Patient has already had one epidural steroid injection that did not give him any

significant relief The Reviewer cannot recommend another one as being medically necessary. There is no evidence it will change his clinical course in any significant way or provide any long term pain relief.

Screening Criteria

1. Specific:

- AAOS Orthopaedic Knowledge Update, Spine 2; Chapter 22,page 194

2. 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

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

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

IRO America 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,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

Cc: Dr. Charles Zaltz
Fax: 915-533-1723

Electric Ins. Co. / Down & Stanford
Attn: W Jon Grove
Fax: 214-748-4530

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, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 1st day of February, 2006.

Name and Signature of IRO America Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer