

February 9, 2006

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0598-01

CLIENT TRACKING NUMBER: M2-06-0598-01

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 from the State:

Notification of IRO Assignment, 1/27/06

Notice of receipt of request for Medical Dispute Resolution, 1/27/06

Medical Dispute Resolution Request/Response, 1/4/06

Provider List

Table of Disputed Services

Denial letters from Intracorp, 11/10/05, 12/8/05

Records from Requestor:

Notification of IRO Assignment and prepayment notice, 2/2/06

(continued)

PA referral complete notifications, 6/29/05, 12/8/05, 11/21/05

PA Referral Assigned 11/9/05

PA Process initiated 10/5/04 10:15

Denial letter from Intracorp, 10/6/04

Summary of Treatment/Case History:

The claimant is a 30 year old gentleman who allegedly suffered a workplace injury on ____.

Subsequently he developed low back pain. He has apparently undergone L4-5 and L5-S1 fusion. Despite this, the low back pain continues; however, there is no radiation to the legs. Physical examination reveals normal neurological findings and increased pain on hyperextension and rotation of the lumbar spine. Straight leg raising is negative. Patrick's test is positive bilaterally. MRI (5/25/01) shows a disc extrusion at L4-5 resulting in mild focal central canal stenosis and mild proximal bilateral foraminal stenosis. He has undergone trigger point injections, epidural steroid injections and sacroiliac joint injections which reported helped his condition.

Questions for Review:

1. Item(s) in dispute: Preauthorization request: bilateral L2-5 facet injections.

Explanation of Findings:

According to the submitted medical record, the claimant appears to satisfy the usual selection criteria for lumbar facet joint injections, which are listed below.

Conclusion/Decision to Certify:

1. Item(s) in dispute: Preauthorization request: bilateral L2-5 facet injections.

One set of bilateral facet joint injections at L2-L5 is medically necessary.

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

The usual selection criteria for lumbar facet joint injections are:

1. Axial low back pain of at least 3 months duration, which is exacerbated by hyperextension and torsion
2. Absence of true radiculopathy.
3. No untreated trigger points in the lumbar paraspinal muscles.
4. Lack of resolution by a conscientiously applied program of physical therapy and NSAID's

References Used in Support of Decision:

Slipman, et al. (2003). A critical review of the evidence for the use of zygapophysial injections and radiofrequency denervation in the treatment of low back pain. Spine J 3:310-6.

Manchikanti (1999). Facet Joint Pain and the Role of Neural Blockade in Its Management. Curr Rev Pain 3:348-358.

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Marks, et al. (1992). Facet joint injection and facet nerve block: a randomised comparison in 86 patients with chronic low back pain. Pain 49:325-8.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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. MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to 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 MRIOA 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

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state and federal regulatory requirements.

The written opinions provided by MRIOA 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 MRIOA 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 MRIOA 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: Valerie O ext 554

Cc: Requestor
Responder