

March 17, 2006

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

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-0790-01

CLIENT TRACKING NUMBER: M2-06-0790-01 / 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, 2/21/06 - 2 pages
- Medical Dispute Resolution Request/Response, 2/21/06 - 2 pages
- Table of Disputed Charges, undated - 1 page
- Genex Texas Outpatient Non-Authorization Recommendation, 1/5/06 - 2 pages
- Genex Texas Outpatient Reconsideration Decision: Non-Authorization, 1/17/06 - 2 pages

Records Received from the Requestor:

- Spinal Solutions Referral Information, undated - 1 page

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- Texas Workers' Compensation Work Status Report, 11/3/05-2/4/06 - 6 pages
- Notification Letter from Texas Department of Insurance of Designated Doctor Evaluation, 1/19/06 - 2 pages
- Abbreviation List, undated - 2 pages
- Telephone Call - Log Sheet, 11/22/05 - 1 page
- Case Summary Print Out, undated - 2 pages
- Worker's or Beneficiary's Notice of Injury or Occupational Disease and Claim for Compensation, 11/1/05 - 3 pages
- Accident and Injury Chiropractic Outline of Procedures for the New Patient Other Than MVC, 11/3/05 - 2 pages
- Musculoskeletal Examination, 11/3/05 - 1 page
- Extremity Examination, 11/3/05 - 1 page
- Internal Radiographic Report, 11/3/05 - 1 page
- Common ICD-9 Codes, 11/3/05 - 2 pages
- Treatment Plan, 11/3/05 - 1 page
- Diagnosis and Treatment Sheet, 11/3/05-12/2/05 - 1 page
- Patient Demographic/Tracker Sheet, 11/3/05 - 1 page
- Accident and Injury Pain Centers, Inc, Authorization, 11/3/05 - 2 pages
- Common ICD-9 Codes, 11/3/05 - 2 pages
- Treatment Plan, 11/3/05 - 1 page
- Personal History, 11/3/05 - 2 pages
- Questionnaire, undated - 1 page
- Consultation, undated - 2 pages
- Verification of Non-Pregnancy, 11/3/05 - 1 page
- Insurance Information, 11/3/05 - 1 page
- Lone Star Radiology Order Form, 11/3/05 - 1 page
- Fee Schedule, 11/3/05 - 1 page
- North Texas Open Air MRI Fee Schedule, 11/3/05 - 1 page
- Authorization and Assignment of Benefits and Cause of Action, 11/3/05 - 1 page
- Acknowledgment of Receipt of Notice, undated - 1 page
- Daily Progress Notes, 11/4/05-11/8/05 - 4 pages
- Correction Sheet, 11/9/05 - 1 page
- Daily Progress Notes, 11/9/05 - 1 page
- Lone Stare Radiology Ap and Lateral Lumbopelvic Projections, 11/3/05 - 1 page
- White Rock MRI Open Air MRI Scan of the Lumbar Spine, 10/31/05 - 2 pages
- Daily Progress Notes, 11/10/05-11/14/05 - 4 pages
- Accident and injury Chiropractic Initial Report, 10/31/05 - 4 pages
- Daily Progress Notes, 11/15/05 - 1 page
- Accident and Injury Chiropractic Referral Form, 11/16/05 - 1 page
- Accident and Injury Chiropractic Patient Satisfaction Survey, 11/16/05 - 1 page
- Daily Progress Notes, 11/17/05-11/22/05 - 4 pages
- Employee's Request to Change Treating Doctors, 11/22/05 - 1 page
- Letter from Accident and Injury Pain Centers, Inc, 11/21/05 - 1 page

- Daily Progress Notes, 11/23/05 – 1 page
- Accident and Injury Chiropractic Referral Form, 11/23/05 – 1 page
- Spinal Solutions Referral Information, undated – 1 page
- Daily Progress Notes, 11/25/05–12/1/05 – 5 pages
- Musculoskeletal Examination, 12/2/05 – 1 page
- Accident and Injury Chiropractic Patient Satisfaction Survey, 12/2/05 – 1 page
- Job Injury Rehabilitation Center Rehabilitation Services Form, 12/2/05 – 1 page
- Case Summary Print Out, undated – 2 pages
- REHAB 2112 Notice of DWC Compensability, 12/2/05 – 1 page
- Acknowledgment of Receipt of Notice, 12/4/05 – 1 page
- REHAB 2112 Work Program Participant Intake Sheet, undated – 6 pages
- Summary of Maximal Physical Job Demands, undated – 2 pages
- Informed Consent, 12/4/05 – 1 page
- Authorization and Assignment of Cause of Action, 12/4/05 – 2 pages
- REHAB 2112 Fee Schedule, 12/4/05 – 1 page
- REHAB 2112 Comprehensive Patient Examination, 12/5/05 – 1 page
- REHAB 2112 Recommended Treatment Plan, 12/5/05 – 2 pages
- REHAB 2112 Joint Integrity Test, 12/5/05 – 2 pages
- Preauthorization Request Form, 12/5/05 – 4 pages
- Daily Progress Notes, 12/6/05 – 1 page
- Letter from Wellspine to Dr. Sanghani, 12/13/05 – 4 pages
- Preauthorization Confirmation, 12/14/05 – 1 page
- Genex Texas Outpatient Authorization Recommendation Partial, 12/15/05 – 2 pages
- Daily Progress Notes, 12/15/05–12/29/05 – 2 pages
- REHAB 2112 Evaluation, 12/30/05 – 4 pages
- Preauthorization Request, 12/30/05 – 4 pages
- Plan of Treatment, 12/30/05 – 2 pages
- REHAB 2112 Daily Therapy Notes, 12/5/05–12/28/05 – 2 pages
- Notes, 12/8/05–1/20/06 – 2 pages
- REHAB 2112 Patient Release Worksheet, undated – 1 page
- Preauthorization Reviewer Contact Form–Modified, 1/3/06 – 1 page
- Plan of Treatment, 1/3/06 – 1 page
- Marlon D. Padilla, MD Follow UP Evaluation, 2/6/06 – 2 pages
- Genex Texas Outpatient Non–Authorization Recommendation, 1/5/06 – 6 pages
- Plan of Treatment, 1/4/06 – 1 page
- Daily Progress Notes, 1/5/06–1/9/06 – 3 pages
- Preauthorization Request for Reconsideration, 1/10/06 – 4 pages
- Plan of Treatment, 1/11/06–1/16/06 – 3 pages
- Preauthorization Reviewer Contact Form–Modified, 1/16/06 – 1 page
- Genex Texas Outpatient Reconsideration Decision: Non–Authorization, 1/17/06 – 4 pages
- Plan of Treatment, 1/18/06 – 1 page
- Preauthorization Request for Reconsideration, 1/18/06 – 3 pages
- Worker’s Compensation Tracker Sheet, undated – 1 page

- Daily Progress Notes, 1/19/06–1/20/06 – 2 pages
- Preauthorization Request for Reconsideration, 1/20/06 – 4 pages
- Instructions for Completing the DWC–60, undated – 1 page
- Metroplex Diagnostics Examination, 1/20/06 – 3 pages
- Plan of Treatment, 1/23/06 – 1 page
- FOCUS Reevaluation, 1/23/06 – 5 pages
- Southwestern Pain Institute Consult, 1/26/06 – 6 pages
- Plan of Treatment, 1/30/06–2/1/06 – 2 pages
- Report of Medical Evaluation, 2/2/06 – 1 page
- Plan of Treatment, 2/3/06 – 1 page
- Designated Doctor Evaluation, 2/3/06 – 4 pages
- Accident and Injury Chiropractic Referral Form, 2/4/06 – 1 page
- Daily Progress Notes, 2/4/06–2/18/06 – 3 pages

Records Received from the Respondent:

- Employer’s First Report of Injury or Illness, 10/31/05 – 1 page
- UR Determination, 1/17/06 – 1 page
- Occumed Physical Performance Test, 11/2/05 – 3 pages
- Texas Workers’ Compensation Status Report, 11/2/05 – 1 page
- Occumed Initial Medical Evaluation/Treatment Plan, 11/2/05 – 3 pages
- Extremity Evaluation, 11/3/05 – 1 page
- Internal Radiographic Report, 11/3/05 – 1 page
- Occumed Physical Therapy Evaluation and Treatment Plan, 11/3/05 – 3 pages
- White Rock Open Air MRI Lumbar, 11/11/05 – 1 page
- Active Rehabilitation Procedures, undated – 1 page
- Marlon D. Padilla, MD Medical Consultation, 1/3/06 – 3 pages
- Texas Workers’ Compensation Commission Statement of Pharmacy Services, 1/15/06 – 1 page
- License for Dr. Jenkins, undated – 1 page
- Needle EMG Supplies, undated – 1 page
- Billing Procedures for MMI/IR Examinations, undated – 1 page
- Plan of Treatment, 2/3/06 – 1 page
- Marlon D. Padilla, MD Follow Up Evaluation, 2/6/06 – 2 pages
- Baylor Surgicare at Valley View Operative Report, 2/14/06 – 2 pages
- Plan of Treatment, 2/13/06–2/20/06 – 4 pages
- HCFAs, 11/2/05–2/20/06 – 64 pages

**Summary of Treatment/Case History:**

The patient is a 50–year–old female injured when lifting in a work related accident on \_\_\_\_\_. An MRI on 11/11/05 indicated broad based annular bulge of 3 mm mildly displacing the thecal sac at L4–5 without stenosis.

To summarize the patient’s care: She was seen at Occumed for treatment after the injury. On 11/2/05 a physical performance test was done and work restrictions were noted. A physical therapy evaluation

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was done on 11/3/05. The patient was also started on an active exercise program. The patient then started treatment at C. Turner, DC on 11/4/05. Treatment continued at that office through 11/21/05. Beginning 11/17/05 code #97110 was billed and apparently corresponded to range of motion activities. Dr. Turner apparently then moved and his patient care was taken over by R. Sanghani, DC on 11/22/05. Care continued apparently unchanged at the same facility through 12/6/05. On 12/2/05, the patient also began treatment at Rehab 2112-2. It appears that Dr. Sanghani continued to follow the patient with treatment at Rehab 2112-2. The patient was continued on a chiropractic program, and on 12/14/05, billing for multiple units of #97110 began. On 12/13/05 the patient was seen on neurosurgical consultation at the request of Dr. Sanghani and stated that pain was still severe and unchanged. This exam noted a normal neurologic except for decreased sensation in the left L5-S1 distribution. The patient was also complaining of hip and lower extremity discomfort (for the first time) in a non-dermatomal distribution. The patient was seen by Dr. Padilla on 1/3/06. During the follow up visit on 1/16/06, the patient's pain was unchanged. The patient was continued on medication including narcotics. An EDX study on 1/20/06 indicated left S1 changes. A pain evaluation consult dated 1/26/06 indicated ongoing pain unchanged if not worse since onset. On this exam there was decreased L4-5 sensation and a decreased right ankle reflex. The patient was scheduled for epidural steroid injections with the first one done on 2/14/06 with some improvement.

**Questions for Review:**

Item(s) In Dispute: Pre-Authorization request for Active Physical Rehab 3 times a week for 2 weeks. (97110).

**Explanation of Findings:**

Item(s) In Dispute: Pre-Authorization request for Active Physical Rehab 3 times a week for 2 weeks. (97110).

This patient has been in treatment for 3-4 months. There has been no improvement with the treatment and if anything, progressive worsening. Some initial improvement was noted only after the ESI. The patient did not initially have leg or hip pain, and this was not seen until 12/05. Exam findings have varied from examiner to examiner regarding strength, sensation, reflexes, and SLR. The EMG suggested S1 changes. Sensory changes are stated to be in the L-5 distribution. The leg pain is in the inner thigh region which is upper lumbar dermatome. The MRI demonstrates mild bulging without effacement, stenosis or neural compression. There is therefore no consistent pattern of radicular findings or exam abnormalities.

The patient has had extensive treatment. There was some initial instruction by the PT in an active exercise program on 11/3/05. The patient then had therapy with Dr. Turner and then Dr. Sanghani. The patient had active exercises with Drs. Bennett and Souder as well. Per the request for reconsideration f 1/18/06 the patient had 9 sessions of active exercise based treatment with Dr. Sanghani and another 13 at Rehb2112-2. Throughout all this treatment there was only progressive worsening. Ther is no evidence in the form of any sustained subjective or objective improvement that the treatment provided was of any benefit to this patient.

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Based on the above, no medical necessity for any additional therapy. The patient should be knowledgeable and independent in her exercise program. There is no literature support for the need for daily assessments to increase or decrease the weights used. The patient has started in a series of epidural steroid injections. No medical necessity for any other modality treatment at this time.

**Conclusion/Decision to Not Certify:**

No medical necessity is established for the requested 6 therapy sessions.

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

Clinical review

**References Used in Support of Decision:**

1. Internal chart evidence
2. Evaluation and treatment of low back pain: An evidence base approach to clinical care. Muscle and Nerve March 2003, 27, 265–284

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This reviewer is Board certified in Physical Medicine & Rehabilitation (1979). The physician providing this review is a Diplomate, American Academy of Physical Medicine and Rehabilitation; and Diplomate, American Board of Electrodiagnostic Medicine. This reviewer is a member of the American Spinal Injury Association, American Academy of Physical Medicine and Rehabilitation, State Academy of Physical Medicine and Rehabilitation, and State Medical Society. This reviewer has held various academic positions, is currently an Adjunct Associate Professor, and has authored numerous publications. The reviewer has additional training in Acupuncture. This reviewer is licensed to practice in four states and has been in 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

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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 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: Jamie C ext 583

CC: requestor and respondent