

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0887-01
Name of Patient:	
Name of URA/Payer:	Texas Mutual Insurance Co.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Jacob Rosenstein, MD

April 17, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Jacob Rosenstein, MD
Kris Schmidt, DC
Division of Workers' Compensation

CLINICAL HISTORY

Records received for review included:

1. Notes from Dr. Jacob Rosenstein.
2. Lumbar myelography dated 12/2/05.
3. MRI of the lumbar spine dated 10/18/04.
4. EMG dated 4/6/05 and then repeated 2/2/06.
5. Description of ESI 2/10/06.
6. Dr. Steven Casey, pain management, office notes.
7. IME by Dr. Jean Coria, 6/15/05.
8. IME by Dr. Byron Stain.
9. Texas Spine Institute office notes by Dr. Kristopher Schmidt.
10. Office notes by Dr. Sid Bernstein, orthopedic surgeon, 12/20/04.
11. Office notes by neurologist, Ken Cowans, Sr., M.D.

This is a now 38-year-old gentleman who on ____ was injured at work. Apparently he was lifting a heavy bundle of rebar. From what I gather he had stooped forward to pick this up and then he developed severe pain in the center of his back. He was evaluated at a local workman's comp center, Concentra, where he was given anti-inflammatory agents and then discharged home. He then began working with a chiropractor who described him as having a lumbar sprain and performed a number of adjustments on him. He was then seen by a physician approximately two weeks after the injury at which time he was still complaining of non radiating low back pain. Again he was given a diagnosis of lumbar spasms. He was given prescriptions for anti-inflammatory agents, muscle relaxants as well as Norco. He continued with his chiropractic management and ultimately came to getting trigger point injections which helped only minimally. Approximately two months into this, he was seen by Dr. Benjamin Cunningham who felt that the patient had possible discogenic low back pain as well as possible wedge compression fractures of his lower thoracic spine and he was referred to a pain medicine specialist

because he was not making progress. Instead he was seen by an orthopedic surgeon in December of 2004. Again he was given a diagnosis of low back pain as well as disc disease at three different levels. An MRI scan has verified these changes at L3, L4 and L5. Epidural steroid injections were recommended. Prior to obtaining the epidural injections he had an evaluation by a neurologist who felt that the patient had extensive peripheral compressions including bilateral peroneal motor neuropathies, a left tibial motor neuropathy, bilateral sural sensory neuropathy and a right L5-S1 radiculitis. Of note, then months later the patient had a repeat EMG which was within normal limits. He has had IME's, one of which felt that he was not at MMI, the second of which felt that he was at MMI. Ultimately he was referred to Dr. Jacob Rosenstein who recommended for the patient, a three level discogram after reviewing his MRI scan and performing a lumbar myelogram which showed small disc protrusions at L3, L4 and L5.

REQUESTED SERVICE(S)

Discogram at L2, L3, L4 and L5.

DECISION

Approve.

RATIONALE/BASIS FOR DECISION

This gentleman does fulfill the **North American Spine Society's** criteria for discography. I have read the notations by the previous reviewers regarding their reservations with discography. Perhaps the difficulty lies in the actual description of the procedure. This gentleman should be referred for provocative discography which has been found to help correlate pain. Further, it has been found to evaluate levels adjacent to a proposed fusion to see if they should be included in this. This gentleman is noted to have three levels of changes on his MRI scan and to a lesser degree a CT myelogram. Symptoms may be arising from his L4 level where he is noted to have degenerative changes, disc degeneration, mild loss of disc space height and some degree of spinal stenosis. He could also be having symptoms referral to L3 where he is also noted to have central canal stenosis both on the congenital basis as well as due to a disc herniation. He has multiple levels in play here and this is one of the concrete reasons for discography, specifically to limit the levels of fusion. This is supported by the **North American Spine Society** as well as **The Occupational Medicine Practice Guidelines**.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 18th day of April, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell