

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Austin, Texas 78735

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0900-01
Name of Patient:	
Name of URA/Payer:	State Office of Risk Management
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Mark A. Heard, MD

March 21, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. 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: Mark A. Heard, MD  
Donald D. Bacon, MD  
Division of Workers' Compensation

#### CLINICAL HISTORY

Records reviewed included:

- \* Forte notice of utilization findings;
- \* CT scan facial bones 5/4/04 report;
- \* MRI scan lumbar spine 2/2/04 report;
- \* EMG/NCS dated 2/22/05;
- \* X-ray cervical spine dated 5/1/04 report;
- \* Clinical notes from Mark A. Heard, MD;
- \* Clinical notes from Donald D. Bacon, MD;
- \* Psychology clinical notes from Rehab Therapy Resources; and
- \* Clinical notes from Bruce G. Kinzy, MD.

41-year-old female correctional officer who was reportedly beaten by an inmate on \_\_\_\_\_. Her injury was to the face and low back – lumbar radiculopathy and myofascial pain ensued. In addition, post traumatic stress disorder, major depression are diagnoses.

#### REQUESTED SERVICE(S)

Bilateral Transforaminal epidural steroid injections @ L4, L5, S1 and trigger point injections to three or more muscles, unspecified site.

#### DECISION

Denied.

#### RATIONALE/BASIS FOR DECISION

According to the North American Spine Society (NASS) Phase III Clinical Guidelines & Boswell MV et al. in Pain Phys 2005; 8(1):1-47, these described procedures are not warranted. In summary, these procedures are not being performed as part of a specific diagnostic and therapeutic algorithm. The frequency of Epidural Steroid Injections with follow-up pain diary monitoring was not appropriate.

### 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 22<sup>nd</sup> day of March 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell