

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71  
Phone: 512-288-3300

Austin, Texas 78735  
FAX: 512-288-3356

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1061-01
Name of Patient:	
Name of URA/Payer:	Argonaut Midwest Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Robert LeGrand, MD

April 19, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. 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.

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Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Argonaut Midwest Insurance  
Robert LeGrand, MD  
Division of Workers' Compensation

#### CLINICAL HISTORY

Records submitted for review included:

- Patient letter 3/8/06;
- Intracorp letters for denial and uphold denial;
- Dr. LeGrand's consultation notes to Dr. Day;
- Procedure report – ESI (1/11/05);
- L-5 Spine X-rays (9/21/05);
- CT myelogram (9/21/05);
- Lumbar MRI (8/9/05);
- W. Jon Grove, attorney letter (4/4/06); and
- Designated Doctor's Exam, Dr. Susan Vandewater (12/13/05).

Mr. \_\_\_\_ suffered a work related injury on \_\_\_\_\_. He underwent treatment including light duty, medications, physical therapy, and an ESI. He continued to have symptoms and had a MMI exam done 12/13/05 since he was not considered a surgical candidate. He had a MRI on 8/9/05 but an authorization for a repeat MRI was denied as was the appeal.

#### REQUESTED SERVICE(S)

Repeat MRI of the lumbar spine.

#### DECISION

Denied.

#### RATIONALE/BASIS FOR DECISION

No objective evidence is submitted to indicate any significant deterioration in Mr. \_\_\_\_'s condition or any neurologic or clinical 'red

flags' to support the medical necessity of a repeat MRI after one was completed on 8/9/05. Dr. LeGrand repeatedly indicated the patient was not a surgical candidate, so a repeat MRI is not indicated from that perspective. This viewpoint is generally accepted standard of care and is supported by standard textbooks, current literature and guidelines such as the A.C.O.E.M. Therefore, the requested services are not certified.

#### 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 20<sup>th</sup> day of April, 2006.

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

Printed Name of IRO Employee: Cindy Mitchell