

May 9, 2006

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1138-01

CLIENT TRACKING NUMBER: M2-06-1138-01

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 Received from the State:

- Notification of IRO assignment, dated 04/28/06 - 1 page
- Texas Department of Insurance Division of Workers' Compensation Form, dated 04/28/06 - 4 pages
- Letter from Intracorp, dated 01/20/06 - 3 pages
- Letter from Intracorp, dated 03/02/06 - 3 pages
- Exercise Log, dated 04/05/06-04/26/06 - 3 pages
- Progress Notes, undated - 2 pages
- Exercise Log, dated 03/16/06-03/31/06 - 1 page
- Progress Notes, undated - 3 pages
- Physical Therapy Initial Evaluation, dated 03/15/06 - 3 pages

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Records Received from the Insurance Company:

- Fax Transmission, dated 05/01/06 - 1 page
- Notification of Receipt of Prospective Reviewer (M2) Information Request, dated 04/28/06 - 1 page
- Claim Comments, dated 05/05/06 - 5 pages
- Letter from Intracorp, dated 03/02/06 - 3 pages
- Letter from Intracorp, dated 01/20/06 - 3 pages
- Chiropractic Consultant Review, dated 12/12/05 - 6 pages
- Fax Transmission, dated 05/05/06 - 1 page
- Request for Production of Documents, undated - 1 page
- Request for Payment of Independent Review Organization Fee, undated - 1 page

Summary of Treatment/Case History:

The patient is a 34 year old male who fell about 6 feet on _____. He complains of back and leg pain. The records for review in this case consist of prior denials for the ESI and a chiropractor record review done in December 2005. There are no treating physician notes or radiologic studies. The patient apparently had passive PT modalities and chiropractic care for about 2 months with no improvement in function. ESIs have been denied multiple times based on a lack of MRI evidence of nerve root impingement, a normal EMG, lack of radicular findings, lack of good documentation of prior treatment.

Questions for Review:

1. Item(s) in dispute: Preauth denied for lumbar epidural steroid injections medically necessary?

Explanation of Findings:

1. Item(s) in dispute: Preauth denied for lumbar epidural steroid injections medically necessary?

The record presented contains no treating physician information or radiologic studies to support any treatment. The patient did have about 2 months of passive PT (estim and manipulation) which did not help. His EMG is reportedly negative; his MRI reportedly shows at most a small bulge. This information is gleaned from prior reviews included in this review. The patient has no neurologic deficits or radicular findings per multiple reviewers. He has no supportive documentation either diagnostically or clinically to support an ESI. The literature indicates ESIs are efficacious and warranted in the setting of acute radicular clinical findings when conservative treatment has failed and the radiologic studies document stenosis or nerve root impingement. None of these criteria are met here.

Conclusion/Decision to Not Certify:

The request for ESI injections are not medically necessary.

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

Common practice among pain and osteopathic physicians.

References Used in Support of Decision:

1. Bonica's Management of Pain third edition copyright '00.
2. Practical Management of Pain by P. Raj copyright '00.
3. Corlandt Forum 2001 May; 159 (15):"Steroids and Disc Herniation" Crowell RM.

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4. Cochrane Database Syst Rev2005 Apr;2;CD000319: "Medicinal and injection therapies for mechanical neck disorders" Peloso P.
5. ACOEM guidelines pg 300 chap 12.
6. Rev Med Liege 2004 Oct; 59(10):557-64 "Indications for epidural steroids in back pain and radiculopathy" Fontaine R.

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

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 state and federal regulatory requirements.

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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: Stacie S ext 577

cc: Requestor
Respondent