


INDEPENDENT REVIEW INCORPORATED

June 22, 2006

Re: MDR #: M2 06 1370 01 Injured Employee: ____
DWC #: _____ DOI: _____
IRO Cert. #: 5055 SS#: _____

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ____

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: American Home Assurance

REQUESTOR: Robert Henderson, MD

TREATING DOCTOR: Cynthia Rutledge, DO

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in anesthesiology and pain management and is currently listed on the DWC Approved Doctor List.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

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 June 22, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager



**REVIEWER'S REPORT
M2 06 1370 01**

Information Provided for Review:

1. Required medical exams dated 08/26/05 and 09/06/05.
2. Referrals and consultations dated 03/08/05 through 03/22/06.
3. Diagnostic testing/radiologic tests
4. Physical medicine history

Clinical History:

The patient is a 32-year-old female who suffered an apparent work-related injury to the lower back and hip on _____. The patient was treated conservatively initially but complains of continued chronic low back pain radiating to the right leg. The diagnosis of chronic lumbar radicular syndrome has been made. The physical examination is essentially negative for radicular neurologic findings. Three examiners find a negative straight leg raising test, but one examiner, Dr. McCarty in September 2005 elicited a positive exam. The MRI scan dated 03/16/05 notes degenerative disc changes at L3/L4 and L4/L5 associated with posterior and central protrusion and annular tears. No neural compression is seen. The L5/S1 interspace is essentially normal. Neurologic consultation has recommended caudal epidural injection.

Disputed Services:

Caudal epidural steroid block with fluoroscopy.

Decision:

I DISAGREE WITH THE ADVERSE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

Rationale:

Previous examiners are correct. There is little specific objective finding of lumbar radiculopathy. Nevertheless, one examiner did elicit a positive straight leg raising exam. The MRI scan does reveal possible discogenic sources of pain. The American Society of Interventional Pain Physicians (ASIPP) does state in the Interventional Pain Management

Guidelines that there is “strong evidence for the short-term relief of chronic low back pain and radicular pain” with caudal epidural injections. There is “moderate evidence for the long-term relief of chronic low back pain and radicular pain” with caudal epidural injection. The guidelines may be found in Pain Physician, Volume 8, No. 1, 2005. There is a reasonable possibility that this patient has a lumbar radicular pain syndrome, and this modality is indicated for such lumbar radicular pain. The chronicity suggests a poor prognosis.