

June 8, 2006

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1422-01

CLIENT TRACKING NUMBER: M2-06-1422-01

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:

FROM THE STATE OF TEXAS:

Notification of IRO assignment 5/30/06 1 page

Texas Department of Insurance Division of Workers Compensation' form 5/30/06 1 page

Medical dispute resolution request/response form 1 page

Provider form 1 page

Medical dispute resolution request/response form 1 page

Provider form 1 page

Table of disputed services 1 page

Letter from Texas Association of School Boards, Inc. 4/5/06 1 page

(continued)

Letter from Texas Association of School Boards, Inc. 4/20/06 1 page

Letter from Texas Association of School Boards, Inc. 4/20/06 1 page

FROM THE REQUESTOR/Dr. Berliner, MD:

Texas Department of Insurance Division of Workers Compensation form 5/18/06 1 page

Medical Dispute resolution request/response form 1 page

Provider form 1 page

Instructions for completing the DWC Form-60 1 page

Table of disputed services 1 page

Criteria for diagnostic and therapeutic spinal injections 1 page

Pubmed article on Epidural steroid injections 2 pages

Pubmed article on the effect of spinal steroid injections for degenerative disc disease 2 pages

Office notes 3/28/06 1 page

Office notes 1/10/06 1 page

Orthopedic report 12/2/05 2 pages

Report of medical evaluation 11/22/05 1 page

Report of medical evaluation 11/22/05 (fax confirmation) 1 page

Report of medical evaluation – permanent medical impairment 11/22/05 4 pages

Office notes 11/17/05 1 page

Letter to Ms. Jonse from Dr. James Hood, MD 10/17/05 4 pages

Letter from Texas Association of School Boards, Inc. 10/28/05 1 page

Peer review report from Lonestar Orthopedics 9/21/05 1 page

Telephone conference form 9/21/05 1 page

History and Physical 8/25/05 2 pages

Notice of disputed issue(s) and refusal to pay benefits 8/15/05 1 page

Letter from Texas Association of School Boards, Inc. 7/25/05 1 page

Orthopedic report 8/5/05 2 pages

Patient introduction/history report 6/21/05 3 pages

Orthopedic report 6/15/05 2 pages

Orthopedic report 5/18/05 2 pages

Orthopedic report 4/13/05 2 pages

Patient information/statement of medical necessity 4/13/05 1 page

Physical findings 4/13/05 1 page

Computerized spinal range of motion exam 4/13/05 4 pages

MRI scan lumbar spine 5/31/05 1 page

Patient information 6/15/05 3 pages

Operative report 3/1/06 2 pages

Letter from Texas Association of School Boards, Inc. 4/5/06 1 page

Letter from Texas Association of School Boards, Inc. 4/5/06 1 page

Letter from Texas Association of School Boards, Inc. 4/20/06 1 page

Preauthorization decision and Rationale 4/20/06 1 page

FROM THE RESPONDENT/TASB Risk Mgmt Fund:

Prospective review (M2) response 6/2/06 2 pages

Texas Department of Insurance Division of Workers' Compensation form 5/18/06 1 page

Instructions for completing the DWC form-60 1 page

(continued)

Criteria on diagnostic and therapeutic spinal injections 1 page
Pubmed article on epidural steroid injections 2 pages
Pubmed article on the effect of spinal steroid injections for degenerative disc disease 2 pages
Letter from Texas Association of School Boards, Inc. 4/5/06 1 page
Letter from Texas Association of School Boards, Inc. 4/5/06 1 page
Letter from Texas Association of School Boards, Inc. 4/20/06 1 page
Letter from Texas Association of School Boards, Inc. 4/20/06 1 page
Office notes 3/28/06 1 page
Office notes 1/10/06 1 page
Orthopedic report 12/2/05 2 pages
Medical dispute resolution request/response 1 page
Provider form 1 page
Table of disputed services 1 page

Summary of Treatment/Case History:

The claimant is a 28 year old lady who allegedly suffered a workplace injury in _____. Subsequently she developed low back and buttock pain. Physical examination reveals normal neurological findings except for positive straight leg raising examination on the left after two epidural steroid injections. MRI shows degenerative disc disease without focal herniation. She has undergone two interlaminar epidural steroid injections, which apparently provided 70% pain relief.

Questions for Review:

1. Item(s) in dispute: pre auth denied lumbar epidural steroid injection #3.

Explanation of Findings:

The claimant does not satisfy the usual selection criteria for lumbar epidural steroid injections listed below. In particular, there is no history of pain radiating below the knee. Although there is a positive SLR after two injections, this was apparently negative originally. Therefore, further epidural steroid injections are not medically necessary.

Conclusion/Decision to Not Certify:

1. Item(s) in dispute: pre auth denied lumbar epidural steroid injection #3.

Further epidural steroid injections are not medically necessary as stated above.

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

Appropriate selection criteria for lumbar epidural steroid injections are:

- 1) Acute radiculopathy evidenced by pain radiating below the knee in a dermatomal distribution of one or more of the lumbar dermatomes, and
- 2) Reproduction of the radiating pain by straight leg raising to 70 degrees or less, or
- 3) Reproducible neurological abnormalities such as dermatomal sensory diminution or myotomal motor weakness on the side of the pain, or
- 4) Electrophysiological findings consistent with lumbar radiculopathy.
- 5) Any previous epidural steroid injections have provided significant and progressive improvement in the pain.

(continued)

References Used in Support of Decision:

Buchner, et al. (2000). Epidural corticosteroid injection in the conservative management of sciatica. Clin Orthop 149-56.

Abram (1999). Treatment of lumbosacral radiculopathy with epidural steroids. Anesthesiology 91:1937-41.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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.

(continued)

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.

1234427.1

Case Analyst: Cherstin B ext 597

cc: Requestor
Respondent