



Specialty Independent Review Organization, Inc.

July 6, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1519-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Pain Management and Anesthesia. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 45-year-old woman injured her neck after falling backwards at work. She has had three cervical epidural steroid injections, trigger point injections, occipital nerve block as well as previous cervical facet injections and physical therapy. She has had an MRI of the neck, CT of her brain and EMG/NCV. Her medications have included: Pamelor, Maxalt, Axert, Vicodin, Tylenol as well as a myriad of other meds.

RECORDS REVIEWED

Records from the Carrier: Uni-med Direct notes; AR Claims management notes; Emergency Physician records fall on 1/14/2005; Cervical Spine film report; CT of brain; Progress notes-Dr.

Smith; TWCC work status reports; MRI-Cervical spine; Physical therapy notes; Consultation-Dr. Bonnen; Operative notes-Dr. Randhawa; Dr. Randhawa-progress notes, history and physical; Dr. Allon notes; EMG/NCV report; Dr. Barrios notes; Physical therapy notes

Records from Doctor/Facility: Dr. Randhawa-progress notes, history and physical; physical therapy notes; Operative notes-Dr. Randhawa; History form and progress notes-Dr. Smith

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a right cervical facet injection.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that this decision is supported by The ASIPP Practice Guidelines page 18 algorithm. (Interventional Techniques in the Management of Chronic Pain: Part 2.0 *Pain Physician*, Volume 4, Number 1, pp 24-98 2001, American Society of Interventional Pain Physicians) The choice of repeating cervical facet injections, when they were documented by the requesting physician's notes as not effective is not indicated here.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 6th day of July 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli