July 31, 2006

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

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-1693-01
CLIENT TRACKING NUMBER: M2-06-1693-01

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 from State (DWC):
Notification of IRO Assignment 7/11/06 - 1 page
Letter to MRIoA from DWC 7/11/06 - 1 page
Medical Dispute Resolution Request/Response form x2 - 2 pages
List of treating providers x2 - 2 pages
Table of Disputed Services - 1 page

Forte Notice of Utilization Review Findings 6/16/06 – 2 pages
Letter of appeal from Jacob Rosenstein, MD 6/16/06 – 2 pages
Forte Notice of Utilization Review Findings 6/21/06 – 2 pages
Records from Respondent (Employers Mutual Casualty):
Letter to MRIoA from Flahive, Ogden, & Latson 7/26/06 – 2 pages
Letter to DWC from Flahive, Ogden, & Latson 7/7/06 – 2 pages
Medical Dispute Resolution Request/Response form – 1 page
Table of Disputed Services – 1 page
List of treating providers – 1 page
Forte Notice of Utilization Review Findings 6/16/06 – 2 pages
Forte Acknowledgement of Reconsideration Request 6/20/06 – 2 pages
Forte Notice of Utilization Review Findings 6/21/06 – 2 pages
Letter to patient from EMC, Notice of Disputed Issue(s) and Refusal to Pay Benefits 5/10/06 – 1 page
Letter from Hooman Sedighi, MD 6/8/06 – 2 pages
Report of Medical Evaluation form, 6/12/06 – 1 page
Report of Medical Evaluation, Francis C. Flory, MD/Churchill Evaluation Centers 6/12/06 – 2 pages
Review of Medical History & Physical Exam, Dr. Flory 6/12/06 – 3 pages
Impairment Rating Report 6/12/06 – 1 page
Lumbar X-ray report 9/2/05 – 1 page
Kclinic Rehabilitation Center notes (Treatment Program, Progress Soap Notes, Physician Progress Report) 9/19/05, 9/9/05, 8/31/05 – 7 pages
Texas Workers' Compensation Commission Work Status Report 9/19/05 – 1 page
Physical Therapy Initial Evaluation 9/9/05 – 3 pages
WC Initial Evaluation 8/31/05 – 2 pages

Summary of Treatment/Case History:
This case involves a patient with an initial date of injury of ___ due to a refrigerator falling on his back. The patient continues to complain of low back pain with some tingling in the toes on the right more than left. The patient has not returned to work since the injury. He has a MRI of the lumbar spine on 10/4/05 and this showed no neurologic compromise but some disc desiccation of L1 through L5. On 11/23/05 a CT of the lumbar spine showed spondylolisthesis and some disc protrusions but again no neurologic compromise was noted. The patient was seen for work hardening, PT, trigger point injections and possible epidural steroid injections. An independent exam stated that the patient had reached MMI on 6/12/06. This exam showed the patient had no neurologic deficits with normal motor strength to the lower extremities. The initial PT notes indicated that the patient should respond well to PT with return to work in 6-8 weeks at full duty. The patient failed to make any progress however.

Questions for Review:
Preauthorization denied for repeat lumbar CT/myelogram with reconstruction.
1. Review for medical necessity.

Explanation of Findings:
1. Review for medical necessity.

Based on the records submitted, the CT/myelogram with reconstruction is not medically necessary. The recent exam for MMI showed the patient had no motor or sensory deficits of the lower extremities. Two prior imaging studies failed to show a surgically correctible lesion. The patient has not improved with therapy but the exam does not show any severe and disabling findings. Milliman Care Guidelines, 10th edition gives the following criteria for CT with myelogram:
CT myelogram is indicated for pain, radiculopathy, or myelopathy for ANY ONE of the following:
- Need for preoperative imaging test for diagnosis of spinal stenosis as indicated by ALL of the following:
  - Significant symptoms as indicated by ANY ONE of the following:
  - Progressive or severe neurologic deficit
  - Severe and disabling pain
  - MRI and plain CT scan are inadequate to define bone, soft tissue, and nerve anatomy, reasons MAY INCLUDE:
  - Extensive multilevel disk disease or spondylosis
  - Prior fusion, with disk intact[A]
  - Poor correlation between clinical presentation and other imaging findings
- Suspected arachnoiditis, particularly preoperatively
- Select patient with spinal trauma

The records do not reveal findings on physical exam or by special imaging to show the need for a CT myelogram. The denial should be upheld.

Conclusion/Decision to Not Certify:
The CT/myelogram with reconstruction is not medically necessary.

References Used in Support of Decision:
Milliman Care Guidelines®
Ambulatory Care
10th Edition: CT Myelogram (CT Scans)

American Family Physician March 15, 2000
Diagnosis and Management of Acute Low Back Pain

ATUL T. PATEL, M.D., and ABNA A. OGLE, M.D.
University of Kansas Medical Center, Kansas City,

The physician who provided this review is certified by the American College of Osteopathic Family Physicians. This reviewer is a member of the American Osteopathic Association. This reviewer has been in active practice since 1990.

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

In accordance with Division 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 31 day of Jul/2006.

Lori Behrend

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and 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.

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 ___ 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.

1244254.1
lb

cc: requestor; respondent