

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1760-01
Name of Patient:	
Name of URA/Payer:	ACIG Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Robert LeGrand, MD

August 25, 2006

An independent review of the above-referenced case has been completed by a physician (board certified) in neurosurgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

August 25, 2006  
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Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: \_\_\_\_\_  
Robert Coolbaugh, DC  
Robert LeGrand, MD  
Division of Workers' Compensation

RE: \_\_\_\_\_

DOCUMENTS REVIEWED

1. Notification of IRO assignments.
2. Office notes from Dr. Robert LeGrand dating from 4/28/05 through 6/15/06.
3. Myelo/Ct Studies dated 8/19/05.
4. Coolbaugh Chiropractic dated from 4/5/05 through 1/3/06 which included an impairment evaluation.
5. Dr. David Hagstrom, pain management, office notes requesting a second cervical epidural dated 10/10/05.
6. Dr. Winston Whitt, pain management, office notes dating from 9/6/05 to 2/28/06.
7. ESI op note 9/22/05.
8. FCE performed at the Lubbock Accident and Injury Rehab center 7/11/05.
9. MRI of L-spine 4/11/05.
10. EMG from Dr. Roger Walcott performed 4/21/05 which was found to be normal.

RE: \_\_\_\_\_

CLINICAL HISTORY

This is now a 54-year-old gentleman who was injured at work on \_\_\_\_\_. He was at a construction site and fell approximately 15 feet landing on his back his neck and his head. Apparently he had a brief loss of consciousness and since that time he has been complaining of substantial neck pain with pain radiating into both of his shoulders as well as his arms. He has also been complaining of low back pain and bilateral hip and leg pain. Despite this he has had consistently normal neurologic exams. Dr. LeGrand, who is his neurosurgeon, states that his deep tendon reflexes are only trace in both upper and lower extremities but this does not mitigate the findings of all the other physicians who have evaluated this patient and found him to be neurologically normal. The patient has had multiple forms of conservative management for both the neck and low back pain. He has also had imaging studies of both areas including an MRI scan as well as a CT myelogram from 8/19/05. The study was performed by Dr. LeGrand. He was noted to have post surgical changes at L5 and S1. His discs were noted to be okay and he was noted to have a broad based L4 disc bulge without either central or foraminal stenosis and no other abnormalities noted to the lumbar region. The cervical region was somewhat in debate. The CT findings were not consistent with the myelographic findings which showed abnormalities at C3-C4. Dr. LeGrand describes these findings as effacement of the anterior subarachnoid space and even some degree of cord compression. An anterior cervical discectomy and fusion at C3 has been requested and denied apparently twice. It is still being evaluated. As far as his low back pain, Dr. LeGrand, at this point now is requesting a second CT myelogram involving the lumbar spine and this has been denied because of lack of change in his clinical state.

REQUESTED SERVICE(S)

Repeat lumbar myelogram with CT scan.

DECISION

Denied.

RE: \_\_\_\_

RATIONALE/BASIS FOR DECISION

This gentleman has already had a CT myelogram as well as an MRI scan of his lumbar spine. The CT myelogram, done almost exactly a year ago to date, found no substantial abnormalities beyond what one would expect in a 54-year-old gentleman. I understand that his back pain has been "intractable" and resistant to all forms of conservative management, however re-imaging this gentleman in the hopes of finding nerve compromise in the face of a normal neurologic exam is an exercise in futility. Further, should any abnormalities be identified they would clearly not be related to his injury of \_\_\_\_ as he has already had two imaging studies which show only normal wear and tear changes consistent with his age. These statements are supported by the ***Occupational Medicine Practice Guidelines*** as well as standard neurosurgical guidelines including the ***North American Spine Society's Guidelines*** as well as the ***American Association of Neurologic Surgeons Guidelines*** published in June of 2005.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

## 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  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with 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 25<sup>th</sup> day of August 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell