

NOTICE OF INDEPENDENT REVIEW DECISION

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August 22, 2006

Requestor

Respondent

Old Republic Insurance Company
c/o Gallagher Bassett
ATTN: Vicki Young
Fax#: (972) 931-6256

RE: Claim #: _____
Injured Worker: _____
MDR Tracking #: M2-06-1768-01
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in Anesthesiology, by the American Board of Anesthesiology, licensed by the Texas State Board of Medical Examiners (TSBME) in 1989, and who provides health care to injured workers. This is the same specialty as the treating physician. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and the provider, 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. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work related injury on ___ when he injured his lower back while installing a transmission in an 18-wheeler. The patient has been treated with Chiropractic treatments, epidural steroid injections, and surgery.

Requested Service(s)

Lumbar epidural steroid injections

Decision

It is determined that the lumbar epidural steroid injections are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has had numerous treatments prior to surgery, including epidural steroid injections. He then proceeded to surgical intervention including a L5-S1 discectomy and fusion of L5-S1. The patient has had a recent exacerbation of pain. An MRI has revealed post surgical changes and mild neuro-foraminal stenosis of L4. Physical examination reveals radiculopathy at L5-S1 and not at L4. Given the patient's previous lack of response to epidural steroid injections and the fact that current documentation does not support his pain areas, there is no indication that the patient would benefit from epidural steroid injections now. Other than surgical changes, the MRI indicates no new findings other than signs of aging.

This decision by the IRO 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.

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm
Attachment

cc: Program Administrator, Medical Review Division, DWC

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 22nd day of August 2006.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Submitted to TMF for Review

Patient Name: _____

Tracking #: M2-06-1768-01

Information Submitted by Requestor:

- History and Physical from Dr. Singleton
- PEER Review from Dr. Foom
- Office notes from Dr. Casey
- History and Physical from Dr. Schroeder
- Office notes from Dr. Schmidt
- Letter from Dr. Buck
- Office notes from Dr. Sazy
- Report of Independent Medical Examination Dr. Singleton
- Office notes from Dr. Singleton
- Functional Capacity Assessments
- Appeal letters from "ipc"
- Designated Doctor Evaluation – Dr. Douglas
- Partial Medical Record from Baylor All Saints Medical Center
- Office notes from Dr. Cowens
- Report of lumbar spine xrays
- Report of myocardial perfusion imaging
- Behavioral Health Evaluation
- Impairment Rating Report
- Second Opinion Examination from Dr. Blair
- Report of CT scan of the lumbar spine
- Operative Report from lumbar blood patch
- Operative Report from lumbar myelogram
- Orthopedic examination by Dr. Selod
- EMG/Nerve Conduction study
- Chiropractic examination by Dr. Faries

Information Submitted by Respondent:

None – The patient is the requestor

Information Submitted by the Requesting Physician

- Office Notes from Dr. Casey
- History and Physical from Dr. Schroeder
- EMG/Nerve Conduction study
- Report of MRI of the lumbar spine
- Request for pre-authorization
- Decision letter
- Reconsideration review