

IRO America Inc.

An Independent Review Organization

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September 19, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-1789-01

IRO #: 5251

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

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including but not limited to:

- Lumbar MRI, 03/03/05
- Office notes, provider unknown, 03/04/05, 03/18/05
- Office notes, Dr. Berliner, 08/26/05, 03/17/06
- Office note, Dr. Hicks, 08/29/05
- Left knee MRI, 09/06/05
- History and Physical, Dr. Riberio, 09/28/05
- Letter of medical necessity, Dr. Berliner, 03/03/06

- EMG, 05/01/06
- Office note, Dr. Loewen, 05/05/06
- St Paul Travelers Insurance peer review, 05/23/06
- Peer review, Dr. Agnew, 06/16/06
- Two research articles provided for review

CLINICAL HISTORY

This 41 year old female has had low back pain since the _____ incident. The Patient has been treated by Dr. Berliner for medications and with Dr. Hicks for rehabilitation. The 03/03/05 MRI of the lumbar spine showed an annular bulge at L4-5 and posterior central shallow disc protrusion at L5-S1. An RME by Dr. Brownhill on 10/28/05 revealed that the Patient was capable of working regular duties, not a surgical candidate and no additional treatment was indicated for the diagnosis of acute lumbosacral strain.

On 11/14/05, Dr. Berliner documented that he felt Dr. Brownhill did not look at the MRI films and did not give an explanation as to why and based on what information he was able to discredit the MRI findings. Review of the records showed that on the 10/28/05 examination by Dr. Berliner there was negative straight leg raise, normal reflexes, and strength and sensation were normal. On 03/03/06, Dr. Berliner authored a letter of medical necessity and stated that the Patient had discogenic pain and that the use of epidural steroid injection would be of benefit.

The 05/01/06 EMG showed overall findings were suggestive of moderate subacute bilateral and multiple level lumbosacral radiculopathy at L5-S2 on the right side. Dr. Loewen evaluated the Patient on 05/05/06. Physical exam findings revealed negative straight leg raising, minimal tenderness at L4-5 area, no spasm, and decreased range of motion in all planes secondary to pain and stiffness. Dr. Loewen's impression was lumbar strain and lumbago. Dr. Loewen recommended obtaining EMG results and felt the Patient most likely had reached maximum medical improvement. The two peer review reports were reviewed.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of lumbar ESI L5-S1.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend the proposed epidural steroid injection as being medically necessary for this Patient according to recommended guidelines. Epidural steroid injections have not been proven to be effective for chronic degenerative disc disease with radicular symptoms and this Patient certainly meets those criteria. The Reviewer's medical assessment is that the proposed epidural steroid injection will lead to any significant improvement in the Patient's pain or that it would lead to improved functional abilities. Therefore, the Reviewer cannot recommend epidural steroid injection as being medically necessary.

Screening Criteria

1. Specific:

- ACOEM Chapter 12, pg 300
- Orthopedic Knowledge Update, Spine 2, Fardon Editor, Chapter 22, page 194

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: _____

Kenneth Berliner
Attn: Brenda Gonzales
Fax: 281-875-3285

Travelers Indemnity Co of America / Travelers Ins. / Law Office of Chad M Neuens
Attn: Jeanne Schafer
Fax: 512-328-7055

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.

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

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 DWC via facsimile, U.S. Postal Service or both on this 19th day of September, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer