

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1893-01
Name of Patient:	
Name of URA/Payer:	General Insurance Co. of America
Name of Provider: (ER, Hospital, or Other Facility)	Ryan Potter, MD
Name of Physician: (Treating or Requesting)	John McKeever, MD

October 10, 2006

An independent review of the above-referenced case has been completed by a board certified neurosurgeon. 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.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Ryan Potter, MD
John McKeever, MD
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

1. Notification of IRO Assignments.
2. Four years worth of office notes from Dr. Ryan Potter currently of Comprehensive Pain Management.
3. P.R.M.E. report from Dr. Ernest Guido dated 8/29/06.
4. Disability Evaluation performed by Dr. Charles Kennedy dated 3/23/06
5. Orthopedic surgery notes from Dr. John McKeever from date of her injury to February 2005.
6. Operative report describing placement of spinal cord stimulator.
7. Required medical exam preformed by NJZ Medical Associates on 6/17/2004.
8. Various acute care notes from Brook Army Medical Center describing her care shortly after the fact.

CLINICAL HISTORY

This now 48-year old woman fell 18 feet in ____, and shattered, it sounds like, her pelvis, SI joint and her hip which necessitated an ORIF of the right acetabulum and placement of percutaneous screws within the sacrum and the SI joints. Post operatively she developed low back pain as well as right leg pain. She had one of her percutaneous screws removed as it was felt she had impingement of her right S1 nerve root. Neurologic exam showed impaired ankle jerk consistent with that diagnosis. Since removal of the screw she has had placement of a spinal cord stimulator after trial proved to be somewhat successful. The stimulator alleviates her leg pain but doesn't do much for her back pain. For this she has been through a comprehensive pain management program with Dr. Ryan Potter; the last aspect of which was an ESI in June of this year. According to his notes she had a two-day response and then the pain began to gradually return. Dr. Potter notes a reduction in her use of narcotics post epidural injections, although that is not evidenced by the medical records referred to my office.

REQUESTED SERVICE(S)

Repeat lumbar ESI under fluoroscopy with MAC anesthesia

RE: _____

DECISION

Approve

RATIONALE/BASIS FOR DECISION

The reasons not to do this procedure have been outlined in the first and the second denial, but this is a situation that falls outside of the usual. This patient has apparently had a significant injury. She has likely developed a chronic pain scenario as a result of six years of pain related to her injury and there is a question of a compressive neuropathy caused by the percutaneous screw. She is on heavy duty narcotics, but as noted recently Workers Comp has denied further use of narcotics, and she has been weaned off of them. She is not doing well as a result of that but yet to some degree she continues to be functional. She is apparently maintaining two different occupations and the whole goal of pain management and beyond that the whole goal of medicine itself is to maintain not only life, but quality of life. This patient apparently had been maintained on a regime of narcotics but now that that has been denied, something will have to substitute. While her ESI back in June was not successful, ESI's are usually given in groups of three and not single injections alone, therefore, given the entirety of the situation, it is appropriate to proceed on with a second ESI. This is a diverging opinion from what has been mentioned in the past but in this rather unusual situation it is appropriate.

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 10th day of October, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell