



Specialty Independent Review Organization, Inc.

October 5, 2006

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-1947-01  
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesia and Pain Management. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

According to the medical records, the patient suffered a work related injury on \_\_\_\_ after a motor vehicle accident. The patient was driving on a highway at 50 mph and hit a car that was traversing the street. He impacted the second car with the front driver's side and hit another car on the front passenger side. He was taken to the emergency room in an ambulance, and had x-rays of neck and lumbar spine. He was given pain medication and then he got on an airplane and returned home. Initially he saw his primary care physician, Dr. Weldon and was sent for physical therapy. An MRI revealed a herniated disc. He had a series of lumbar epidural steroid injections prior to his surgery, with some temporarily relief of pain. He was then referred to Dr. Battle and had lumbar laminectomy, foraminotomy, partial facetectomy and microdiscectomy at L3-L4 on June 28, 2005. One week later he was taken back to the operating room to drain a seroma. He also underwent chiropractic adjustments, physical therapy and aquatic therapy. He also was using a muscle stimulator. He was taking Soma and Celebrex. He was evaluated at Churchill

evaluation center on 03-23-05 and was found not to be at MMI. He was then referred to Dr. Daniel Shalev on December 1, 2005 for possible spinal cord stimulator trial.

He underwent an MRI L/S on 12-28-04. Impression: Small broad base disc protrusion which results in mild foraminal narrowing.

On July 2-2005 the patient underwent an MRI of the lumbar spine w/wo contrast with the following impression: Post surgical changes noted at L3-L4. 2mm bulging with superimposed 3 mm right foraminal herniation narrowing the right foramen. Approximately 2x1 cm hyper intense focus on T1 and T2 this may represent an epidural collection such as a hematoma. This structure causes mild anterior displacement of the nerve roots and thecal sac at this level and mild bilateral foraminal narrowing at L4-L5.

On July 21, 05 the patient underwent an MRI of the lumbar spine with the following impression: L3-L4: minimal right lateral recess enhancing fibrosis, right hemilaminectomy defect and enhancing right posterior intramuscular fibrosis. L5-S1: 2-3 mm focal, non-enhancing, posterior central disc protrusion. Substance contacts the thecal sac but does not indent.

On 7-07-05 the patient underwent a right L3-L4 transforaminal lumbar epidural steroid injection.

On 10-10-05 the patient underwent an MRI of the lumbar spine w/wo contrast with the following impression: L3-L4 right laminectomy and discectomy with moderate posterior annular and epidural fibrotic enhancement post-contrast. L4-5: 1-2 mm disc bulge.

On 12-14-05 the patient underwent a right sciatic nerve block/piriformis compartment injection under fluoroscopy. On 01-04-06 the patient underwent a second right sciatic nerve block/piriformis compartment injection under fluoroscopy. On 01-20-06 the patient underwent the third right sciatic nerve block/piriformis compartment injection under fluoroscopy.

On 05-26-06 the patient underwent a trigger point injections x 4 at the right gluteus maximus and medium muscles.

#### RECORDS REVIEWED

General Records: Notification of IRO assignment; Receipt of MDR Request dated 08-14-06; Medical Dispute Resolution Request dated August 14, 2006; Pre-authorization denial of 07-18-06; Reconsideration denial of 07-26-06.

Records from the carrier: Pre- authorization denial of 07-18-06; Re-consideration denial of 07-18-06; Medical Dispute Resolution Report dated 08-14-06; Orthopedic consult note Dr. Robert Fisher dated 10-22-04; Summary of hospitalization at Frederick Memorial Hospital dated 10-22-04; Initial report Dr. Bill Weldon dated 10-27-04; Texas worker's Compensation Work Status Report dated 10-22-04, 10-27-04, 11-24-04, 11-27-04, 12-20-04, 01-17-05, 7-18-05, 08-30-05, 9-12-05; Medical assistant reporting from Weldon Medical clinic dated 10-22-04, 10-- 27-04, 10-29-04, 11-01-04, 11-02-04, 11-03-04, 11-05-04, 11-08-04, 11-09--- 04, 11-10-04, 11-12-04; RS

Medical rental/ Purchase Agreement note dated 11-16-04; RS medical prescription dated 11-17-04; Initial patient consult Dr. Charles Marable dated 12-20-04; Follow up note Dr. Charles Marable dated 01-17-05; MRI report dated 12-28-04; Initial Patient consult Dr. Daniel Shalev dated 12-01-05; Spinal solutions initial consult report dated 04-18-05; Spinal solutions PA Follow up notes dated 04-18-05 05-25-05, 06-27-05, 07--13-05, 08-15-05, 10-03-05, 10-13-05; Lone Star Imaging procedure report dated 2-21-05, 2-08-05, 3-21-05 Caudal epidural steroid injection; Lone Star Imaging follow up notes dated 01-31-05, 2-08-05, 2-09-05, 02-21-05, 03-21-05, 03-14-05, 02-21-05; Weldon Medical clinic EMG-NCV report dated 2-01-05; MRI right ankle report dated 01-09-05; CT of lumbar spine post myelography dated 05-02-05; Report of medical evaluation Designated Doctor dated 3-30-05; Weldon Medical clinic EMG report; Surgery report lumbar Spine dated 06-28-05 Dr. Francisco Battle; Right L3-14 transforaminal lumbar epidural steroid injection report dated 07-07-05; Initial consult Dr. Jim Fernandez dated 07-07-05; Right sciatic nerve block/piriformis compartment injection report dated 01- 04-06, 01-20-06.

Records from the doctor: Southwest pain institute letter of dispute for transforaminal lumbar epidural steroid injection. Dr. Daniel Shalev; Pre-authorization request form for Right TFES injection; Follow up note Southwest Pain Institute dated 04-10-06, 05-26-06, 06-22-06, 07-10-06; Right sacroiliac joint steroid injection report dated 05-17-06 Dr. Daniel Shalev; Right piriformis injection with Botox under fluoroscopy report dated 03-10-06; Right sciatic nerve blocks/piriformis compartment injection under fluoroscopy dated 01-20-06/01-04-06; Progress note Dr. Daniel Shalev dated 01-17-06.

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a right transforaminal lumbar epidural steroid injection at L5/S1 under fluoroscopy guidance.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

In this case the patient is persisting with high levels of subjective complains and physical limitations. His symptoms of radiculopathy have not subsided since his lumbar spine surgery. The patient's symptoms have now become not only chronic but also multifactorial. He underwent sacroiliac and piriformis injections, appropriately; however, his response was negligible. His current multifactorial characteristics of pain will respond satisfactorily to the proposed interventional pain procedures.

The patient continues to present significant pain and limitations despite very good managed care. He will continue to present some degree of pain and limitations due to his failed surgical outcome. If, however, he can obtain some degree of increased range of motion and decreased pain with the transforaminal lumbar epidural steroid injections, then it would be medically necessary in his case.

## REFERENCES

(1) ISIS Practice Guidelines and Protocols. 2004.

(2) Manchikanti L. Transforaminal lumbar epidural steroid injections. Pain Physician 2000; 3:374-398.

(3) Vad V, Bhat, lutz G et al. Transforaminal epidural steroid injections in lumbosacral Radiculopathy; A prospective randomized study. Spine 2002; 27: 11-16.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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.

Sincerely,

Wendy Perelli, CEO

## **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.**

Sincerely,

Wendy Perelli, CEO

**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 Division via facsimile, U.S. Postal Service or both on this 5<sup>th</sup> day of October 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:          Wendy Perelli**