



Specialty Independent Review Organization, Inc.

October 26, 2005

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-0094-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The 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 Neurology. 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

Mr. \_\_\_\_ has been employed for the \_\_\_\_ . He suffered an on the job injury on \_\_\_\_ when he and a coworker were moving a toilet off of a rack and he injured his lower back. He evidently presented to the company nurse and was diagnosed with a "pulled muscle", and was then referred to a Dr. Philbrick. Dr. Philbrick's specialty is unknown. He then had x-rays and an MRI of the lumbar spine. There are no records submitted from Dr. Philbrick. He also had a myelogram done in April of 2004.

Mr. \_\_\_\_ then came under the care of an orthopedist, Dr. Pino beginning on June 24, 2005. He complained to Dr. Pino of constant pain. The pain was not exacerbated by a cough or a sneeze, but was increased by bending forward. It would radiate into both lower extremities. He also had numbness and tingling in the legs and felt that his legs were weak. Dr. Pino's examination was significant for spasm of the lumbar paraspinal muscles and difficulty doing heel walking because

of a complaint of a "cracked" right heel. He could squat all the way down. His reflexes were intact and somewhat brisk bilaterally. Seated straight leg raising was positive at 50 degrees on the right and 60 degrees on the left. Faber's and Patrick sign were negative. Strength was intact except for knee flexors, but this may have been limited due to pain. Dr. Pino reviewed the x-ray and MRI studies, but did not provide a specific diagnosis.

Mr. \_\_\_ underwent a designated doctor examination by Debbie Crawford, DO, a family physician, on September 28, 2005. Dr. Crawford noted a normal neurologic examination. The impression was chronic low back pain with radiculopathy. She reviewed an EMG and nerve conductions studies, plus an MRI of the lumbar spine. She noted that a repeat MRI of the lumbar spine had been requested by Dr. Pino. She stated she would not place Mr. \_\_\_ at MMI pending a repeat MRI of the lumbar spine. However, if the repeat MRI was negative, she stated he would have reached MMI and proceed with an impairment rating. She also suggested a psychological evaluation.

An EMG and nerve conduction study done on Mr. \_\_\_ by Dr. Boren, date unknown, was negative for radiculopathy or plexopathy. The aforementioned MRI of the lumbar spine and lumbar myelogram are not submitted.

Dr. Pino in a followup note dated August 29, 2005 stated he could not determine a specific diagnosis of the condition related from the patient and would therefore "label the patient with lumbosacral strain". He commented that a CT myelogram showed "some possible bulging disk at L4-5". He also recommended a neurological consultation.

Previous filed reviews performed by Gerilyn Metoyer, MD and Billy Thompson, MD found insufficient evidence to support the request for the repeat MRI study.

Documents reviewed:

1. Denial letter dated August 26, 2003 addressed to Mr. \_\_\_ from Crawford and Company, by Monique Newman, RN.
2. Denial letter addressed to Mr. \_\_\_ dated September 06, 2005 by Monique Newman, RN.
3. EMG and nerve conduction study report by Rance Boren, MD, not dated.
4. Orthopedic consultation by A.E. Pino, MD dated June 24, 2005.
5. Correspondence addressed to Amy Rich from Scott Botoun, Attorney at Law dated September 30, 2005.
6. Designated doctor evaluation by Debbie Crawford, DO dated September 28, 2005.
7. Office progress notes by Dr. Pino dated August 29, 2005.

## REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an MRI of the lumbar spine without contrast.

## DECISION

The reviewer agrees with the previous adverse determination.

## BASIS FOR THE DECISION

The reviewer states that Mr. \_\_\_ had an essentially intact neurologic examination. Although the previous imaging study reports are not submitted, they apparently have shown minimal pathology in the lumbar spine consisting of some minimal disk bulging at L4-5. This was the interpretation of Dr. Pino. He has already had the gold standard imaging tests i.e. a lumbar MRI and lumbar myelogram, and postmyelographic CT. His symptom complex has remained the same without evidence of clinical progression. It is likely that the diagnosis of lumbosacral strain is correct, and that in the absence of progressive neurological deficit or any abnormal EMG study, a repeat imaging study is unlikely to reveal significant pathology or to further affect Mr. \_\_\_'s management.

### References:

1. American College of Occupational and Environmental Medicine Guidelines.
2. Cochrane Evidence Based Guidelines.

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 there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

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 via facsimile, U.S. Postal Service or both on this 26<sup>th</sup> day of October 2005**

**Signature of Specialty IRO Representative:**

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