

# P-IRO

An Independent Review Organization

7626 Parkview Circle

Austin, Texas 78731

**Phone: 512-346-5040**

**Fax: 512-692-2924**

January 19, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee

TDI-DWC #

MDR Tracking #:

IRO #:

M2-06-0447-01

5312

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

P-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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Provider board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO 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, information provided by The Requestor, Respondent, and Treating Doctor(s), including: Employer's first report of injury
- MRI lumbar spine 04/20/05
- MRI cervical spine 04/20/05
- MRI thoracic spine 04/20/05
- Office note of Dr. Garcia 04/28/05
- MRI right shoulder 05/02/05
- Office notes of Dr. Vaughn 05/03/05, 06/28/05

- Note from Arkansas claims management 05/20/05
- Christian Ehrhard, PA for Dr. Williams 05/23/05
- Note from Advanced Health Clinic 05/24/05
- Office note of Dr. Pendleton, internal medicine, 06/20/05
- Office note of Dr. Potter, pain management, 10/05/05, 10/18/05, 11/10/05
- Pre-authorization form for two level lumbar TFESI
- Peer review 10/12/05
- Pre-authorization form for two level lumbar TFESI
- Peer review 11/09/05
- Peer review 11/22/05
- Note from attorney 12/12/05
- Independent review organization summary form 12/27/05

### CLINICAL HISTORY

The Patient is a 42-year-old female who was injured on \_\_\_ while working at . She was unloading a foot pallet when the wheel locked and jerked her right shoulder, right scapula and lower back. She had immediate pain in those areas and to her neck. She was evaluated in the emergency room initially where she was treated conservatively and ultimately treated with medications and physical therapy. She was seen in the emergency room again on \_\_\_ as she was out of medications, at which time she was referred to an orthopedic surgeon. Dr. Pendleton, internal medicine was noted to have evaluated The Patient on 04/18/05 at which time The Patient had complaints of right upper extremity pain, occasionally with numbness radiating down her arms and legs. Her symptoms were worse with sitting, standing, sleeping and grooming. She was taking Ketoprofen, Lortab, and Skelaxin. There were no focal neurological deficits and examination of the lumbar spine was normal.

An MRI of the lumbar spine obtained on 04/20/05 revealed: L2-3 and L3-4: very small posterior central radial annular tears with associated 1.0 by 2.0 mm posterior focal central disc protrusions without extrusion and without evidence of involvement of the respective exiting right or left nerve roots of L3 and L4. At L4-5 there was also a tiny posterior central radial annular tear and associated 2.0 mm posterior focal central disc protrusion without extrusion and without evidence of involvement of the respective exiting right or left nerve roots of L5. MRI's were also done of the cervical and thoracic spines. Dr. Garcia evaluated The Patient on 04/28/05. The examination revealed tenderness from L1 to S1 with a positive contralateral straight leg raise and positive Milgram's test. Reflexes were depressed of both ankles and knees and she had diminished sensation on the dorsum of both feet. Her diagnosis relative to the lumbar spine was a herniated disc of L4-5 with discogenic pain. She was to continue off work and was to continue conservative care and physical therapy. Dr. Vaughn evaluated The Patient on 05/03/05 and noted normal dermatome testing and reflexes of all four extremities. Seated straight leg raise was normal, she was able to stand on her heels and toes, walk a straight line, squat, crouch, reach, and perform limited climbing. An adjustment program was prescribed. Examinations of 05/09/05 and 05/20/05 reportedly showed no evidence of radiculopathy. Christian Ehrhard, PA for Dr. Williams saw The Patient on 05/23/05 with complaints of continued thoracic and lumbar spine pain without upper or lower extremity radiculitis. She had not returned to light duty as released on the 16<sup>th</sup> as Dr. Engelmorh had restricted her from all duty. She was attending therapy and was to undergo EMG studies. It was felt that there was no need for an orthopedic referral.

Dr. Potter, pain management saw The Patient on 10/05/05 and stated that she did have some numbness in her legs, but currently had axial back pain. She had reportedly failed

conservative care including Vicodin, soma and chiropractic treatments, anti-inflammatories, TENS and a home exercise program. On exam straight leg raise caused severe bilateral back pain, motor strength was 5/5 and reflexes were 2 plus of the patellofemoral and 1 plus Achilles equally. Combunox, lyrica, Cymbalta, Senokot and a right sided L4-5 transforaminal epidural steroid injection were prescribed. The injections were denied by two previous reviews of 10/12/05 and 11/09/05. These are under dispute.

### **DISPUTED SERVICE (S)**

Under dispute is the prospective and/or concurrent medical necessity of Right sided L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance.

### **DETERMINATION / DECISION**

The Reviewer agrees with the determination of the insurance carrier.

### **RATIONALE/BASIS FOR THE DECISION**

The Reviewer cannot recommend the epidural steroid injection as being medically necessary. This Patient has almost exclusively back pain, very little in the component of leg pain, and there is no evidence of any neurologic compromise. She has very little in lower extremity symptoms and does not have any evidence on physical examination or electrodiagnostic evaluation of any neurologic compromise. Epidural steroid injections have not been proven to be effective for purely discogenic pain which is what this Patient has and consequently the epidural steroid injections are not likely to be effective for this Patient and could not be considered to be medically necessary.

### **Screening Criteria**

1. Specific:

AAOS, Orthopedic Knowledge Update, Spine, 2, Chapter 22, pages 194-195

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 literature 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.

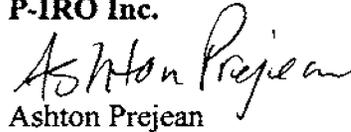
### **CERTIFICATION BY OFFICER**

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

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

P-IRO 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,  
**P-IRO Inc.**



Ashton Prejean  
**President & Chief Resolutions Officer**

Cc: Ryan Potter, MD  
Attn: Melanie Gonzales  
Fax: 361-882-5414

American Home Assurance Co. / ARCFI  
Attn: Raina Robinson  
Fax: 479-273-8792

Ron Engelmohr  
Fax: 361-992-1094

### **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.

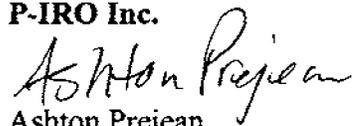
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 19th day of January 2005.

Name and Signature of P-IRO Representative:

Sincerely,

**P-IRO Inc.**

A handwritten signature in cursive script that reads "Ashton Prejean".

Ashton Prejean

**President & Chief Resolutions Officer**