

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0861-01
Name of Patient:	_____
Name of URA/Payer:	Universal Underwriters of TX Insurance
Name of Provider: (ER, Hospital, or Other Facility)	Trinity Orthopedics
Name of Physician: (Treating or Requesting)	Larry Kjeldgaard, MD

April 26, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. 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: \_\_\_\_\_  
Trinity Orthopedics  
Larry Kjeldgaard, MD  
Division of Workers' Compensation

CLINICAL HISTORY

Documents Reviewed: TDI documents; Zuric Incorp. non-authorization after reconsideration notice; Capital Risk Management Solutions Specialist notice; multiple records from Larry M. Kjeldgaard, DO; MRI lumbar spine reports; operative report of Jim Harris by Larry Kjeldgaard, DO; assistant Gaylen Klopfenstein, CAF 3/4/05; various MRI scans of the lumbar spine.

A 52-year-old male injured his low back on \_\_\_ lifting a battery pack weighing approximately 15 pounds; lifted in a twisting type motion. Immediate spasm. Leg pain and left lower extremity began about six months later radiating to gluteus maximus, quadriceps, skipped the calf, and then into dorsal aspect of left foot. Initial exam by Robert Myles, MD, orthopedic surgeon, report submitted 10/26/04 reported knee and ankle reflexes 2+. No noticeable atrophy. Normal heel and toe walking. Sensation intact to light touch. Left sciatic notch tenderness. Left S1 joint tenderness. Paraspinal spasms and tenderness bilaterally. Straight leg raising negative. Six inch left iliac crest scar. History of lumbar fusion L4-5 and L5-S1 from 1980. MRI of the lumbar spine of 5/20/04 revealed multilevel spondylosis with mild central canal stenosis at L3-4. EMG by Robert Lowry, MD of 3/8/04 suggested acute left L5 and S1 radicular findings. EMG of 1/20/05 done by Eric Coligado, MD reported findings consistent with old left L5 radiculopathy. Patient underwent lumbar laminectomy L3 inferior and L4 superior bilaterally. Foraminotomy L4 nerve roots bilateral. Partial medial fasciectomy L3-4 level. Repair of dural rent on 3/4/05 by Dr. Kjeldgaard. On outpatient postop visit on Mr. Harris by Dr. Kjeldgaard on 7/26/05 a postop MRI scan of 7/20/05 was

reviewed. This reported "postoperative changes from L1 to S1." The patient was seen for a second opinion by Philip R. Kravetz, MD on 10/5/05. Patient had multiple complaints including back pain and bilateral leg pain. Lower extremity exam was intact. There was significantly limited range of motion in the lumbar spine.

REQUESTED SERVICE(S)

Trial of spinal cord stimulator.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Extensive neurological literature was reviewed viz a viz spinal cord stimulators and neuropathic pain. There is no evidence at all of neurologically based pain syndrome. It appears that the patient has not had any active range of motion in the lumbar spine since his latest surgery of March 2005. According to progress notes indicating postoperative change in the lumbar spine from L1 to S1 it appears that the patient has been "fused" out of any range of motion in his lumbar spine. The opinion of this reviewer is similar to that of the previous reviewer that there is no supporting evidence for use of spinal cord stimulator for this patient.

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 26<sup>th</sup> day of April, 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell