



October 6, 2006

Re: MDR #: M2 07 0004 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Ace American/Lockheed Martin

TREATING DOCTOR: Gary Heath, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in physical medicine and rehabilitation and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

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.

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 October 6, 2006.

Sincerely,



Jeff Cunningham, DC
President



REVIEWER'S REPORT
M2 07 0004 01

MEDICAL INFORMATION REVIEWED:

1. Preauthorization reviews from Intracorp concerning requested epidural steroid injections with recent denials
2. Carrier's records, which included a preauthorization appeal request from Gary Heath, M.D. requesting the ESI
3. Abilene Pain Consultants, Gary L. Heath, M.D. followup dated 03/30/06
4. Ambulatory Surgical Center for Pain Management, 01/27/06, for procedure of lumbar ESI
5. Ambulatory Surgical Center for Pain Management, 01/13/06, for ESI
6. Ambulatory Surgical Center for Pain Management, 01/05/06, for ESI
7. Dr. Heath followup on 12/20/05 indicating that the claimant had undergone lumbar facet injections on the right on 12/09/05 without improvement, recommended for lumbar ESI
8. Dr. Heath, 01/27/06, lumbar ESI
9. Intracorp denial of preauthorization on 01/24/06 for lumbar ESI
10. Required medical examination on 12/02/05 by Rodney J. Simonsen, M.D. with diagnosis of lumbosacral pain, discogenic, active
11. Intracorp preauthorization appeal on 08/18/06 with indication of denial of the appeal
12. Intracorp preauthorization decision with denial on 07/24/06
13. Dr. Heath's examination on 07/10/06 with diagnoses including low back pain, lumbar radiculopathy, spinal stenosis, lumbar, and herniated disc at L4/L5; recommendation and treatment plan to request lumbar ESI
14. Dr. Heath's followup on 03/30/06 with indication that the patient had responded to the series of lumbar ESI done at the first of 2006
15. Dr. Heath's lumbar ESI report on 07/27/06
16. Dr. Heath's report of lumbar ESI on 01/13/06
17. Dr. Heath's report of lumbar ESI on 01/05/06
18. Dr. Heath's followup on 12/20/05 indicating that the patient was to be scheduled for lumbar ESI as he was presenting with lumbar radiculopathy
19. Dr. Heath indicating on 12/09/05 lumbar facet injections on the right side
20. Dr. Heath's followup on 11/16/05 indicating he was being seen on referral for pain management with treatment plan to proceed with lumbar facet injections
21. Followup of Dr. Heath on 11/16/05 indicating a treatment plan of proceeding on with lumbar facet injections
22. Dr. Heath's followup on 04/11/05 noting that the patient had responded nicely to the rhizotomy with good pain relief

23. Dr. Heath's followup on 03/08/05 noting that he would be seen back in 1 month to consider repeating the rhizotomy
24. Dr. Heath's treatment note on 02/07/05 of lumbar facet rhizotomy
25. Dr. Heath's followup exam on 12/13/04 noting that he would proceed with lumbar facet rhizotomy
26. Dr. Heath's followup on 09/15/04 indicating that the patient would be seen in followup in 3 months
27. Dr. Heath's followup on 05/17/04 noting response to lumbar facet injection but if he failed to get long-term relief, he would be considered for a facet rhizotomy
28. Dr. Heath's followup on 05/03/04 noting procedure of lumbar facet injections
29. Dr. Heath's followup on 04/15/04 noting that he would proceed with lumbar facet injections bilaterally, discontinue tramadol, and place him on hydrocodone
30. Dr. Heath's followup on 04/05/04 for procedure of lumbar ESI with epiduragram
31. Dr. Heath's followup on 03/22/04 for procedure of lumbar ESI with epiduragram
32. Dr. Heath's followup on 03/01/04 noting procedure for lumbar ESI with epiduragram
33. Dr. Heath's followup on 02/16/04 with recommendation to proceed to a lumbar ESI
34. Dr. Heath's followup on 09/24/03 noting the patient had attended physical therapy without substantial relief and did have a denial on preauthorization for a lumbar ESI. It was noted that he did participate in a home exercise program and that he had had lumbar ESI in the past
35. Dr. Heath's followup on 09/24/03 discussing the denial of lumbar ESI
36. Dr. Heath's followup on 08/28/03 noting that he would plan a repeat lumbar ESI
37. Dr. Heath's followup on 08/28/03 noting that he would proceed with recommendation to proceed with repeat of the lumbar ESI
38. Dr. Heath's followup on 05/20/03 indicating that he would be seen in follow up in 3 months and consider another series of ESI if he persisted with his pain
39. Dr. Heath's followup on 04/14/03 noting that he would see him in 1 month and decide if it would be appropriate to go ahead with the next ESI
40. The remaining portions of the records consist of additional followup examination by Dr. Heath on 03/31/03, 03/17/03, 02/10/03, 04/25/02, 01/22/02, 06/27/01, 06/06/01, 05/21/01, 04/30/01, 11/06/00, 10/09/00, and 09/18/00
41. Other records consist of additional Intracorp preauthorization reviews

BRIEF CLINICAL HISTORY:

This is an individual who has sustained low back injury with persistent pain that has benefited over the period of years with periodic epidural steroid injections, is currently utilizing minimal medication, and is reportedly continuing to work.

In review of the specific question relating to prospective review in this case, there would appear to be a significant question as to whether or not the care that is being requested falls within the category of a request for prospective medical care issue. As the care requested does require preauthorization, it would seem that this request for denial of a preauthorization for outpatient surgical facility lumbar ESI would not be addressed through the prospective process. However, if in fact it is appropriate for the requestor, the patient, to request his medical dispute resolution in this form, then it is my medical opinion that having been substantially helped in the past with ESI treatments that have

taken place within a reasonable period of twice yearly, and that the patient has been maintained on minimal amounts of medication and reportedly is currently working, it is my opinion, based on evidence-based medical guidelines, that this is appropriate treatment.

DISPUTED SERVICES:

Lumbar epidural steroid injections.

DECISION:

I DISAGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

The patient has had significant prior periods of response to epidural steroid injection series approximately 1-2 times per year. He has had this service apparently preauthorized by the same review agency with resulting approval for this treatment. The patient is maintained with minimal medication and is currently working.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

The opinion and rationale is based on evidence-based medical guidelines including American College of Occupational and Environmental Medicine, Medical Disability Adviser, Cochrane Collaboration, and North American Spine Society.