

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Phone: 512-288-3300

Austin, Texas 78735

FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0025-01
Name of Patient:	
Name of URA/Payer:	Texas Municipal League/ FOL
Name of Provider: (ER, Hospital, or Other Facility)	Jacob Rosenstein, MD
Name of Physician: (Treating or Requesting)	Trev Dixton, DC

October 13, 2006

An independent review of the above-referenced case has been completed by a physician chiropractic doctor. 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.

October 13, 2006
Notice of Independent Review Determination
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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Texas Municipal League/ FOL
Jacob Rosenstein, MD
Trev Dixton, DC
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

1. Notification of IRO Assignment
2. Legal documentations from Flahive, Ogden & Latson.
3. Extensive chiropractic notes from Dr. Trev Dixon.
4. End plate note from Dr. Jacob Rosenstein and documentation regarding two medical conferences he has made.
5. CT scan report of the cervical spine as well as an MRI scan documenting the abnormalities listed above

CLINICAL HISTORY

This is a 34-year old gentleman who on ____ injured himself at work. He was lifting 90 to 95 pounds and felt a pop in his neck and since that point has had continuous neck pain. He was initially seen by a chiropractor, Dr. Trev Dixon, and he had extensive chiropractic management including manipulations. Ultimately he was referred to Dr. Jacob Rosenstein, a neurosurgeon, who evaluated the patient on 8/2/06. According to the information that was sent to my office, he was only evaluated that one time and he has had two phone conversations following this referral. His recommendations were for a CT scan of the cervical spine to evaluate whether the disc bulge at C5 was a hard or soft spur and he also recommended an ESI. The CT scan was initially declined but ultimately performed, and that study showed a 1 - 2 mm partially calcified disc protrusion at C5. At C6 and C4, 1 mm centrally disc bulges were noted. Otherwise that study was within normal limits. An MRI scan performed approximately a month earlier showed similar abnormalities.

REQUESTED SERVICE(S)

Cervical ESI C5/6

DECISION

Denied

RATIONALE/BASIS FOR DECISION

The previous reviewer's notations were reviewed as well as Dr. Rosenstein's response. Part of Dr. Rosenstein's justification for this procedure comes from the **North American Spine Society's** recommendation for epidural injections, but these recommendations

RE: ____

are as follows: and I quote "epidural injections, or blocks, may be recommended for severe arm pain, these should be done as part of a comprehensive rehabilitation and treatment program with the purpose of the injection to reduce inflammation of the nerve and the disc". This patient has no evidence of a radiculopathy either on physical exam or even by history. His neurologic exam is normal and throughout Dr. Rosenstein's notes the patient is complaining only of neck pain, which of course since Dr. Rosenstein is a board certified neurologic surgeon, should note does not equate to a radiculopathy. This gentleman has axial neck pain while he has had chiropractic management; this does not equate to a comprehensive rehabilitation and treatment program. Further justifications of this can be reviewed in the ***Occupational Medicine and Practice Guidelines*** which have been quoted by previous reviewers and which essentially state that ESI's, while they have no lasting benefits, are appropriate within the initial phase, loosely defined as within 30 days of a patient having had a radiculopathy. This is not the case with Mr. ____.

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 13th day of October 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell