

RYCO MedReview

DETERMINATION OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0252-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Gene J. Couturier, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5345
DATE OF REPORT: 12/11/06

Dear Ms. ____:

RYCO MedReview has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5345). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to RYCO MedReview for an independent review. The reviewing physician selected has performed an independent review to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a health care professional or physician reviewer who is Licensed in the area of Chiropractics and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of RYCO MedReview 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 the provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the

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treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An evaluation with an unknown provider (the signature was illegible) on 07/28/03
An evaluation with an unknown nurse (the signature was illegible) dated 07/28/03
X-rays of the lumbosacral spine interpreted by John Maley, M.D. dated 07/28/03
Evaluations with Brian Rogers, D.O. dated 07/29/03 and 08/14/03
A TWCC-73 form from Dr. Rogers dated 07/29/03
A letter written by Gerald Kiel, M.D. dated 09/17/03
A TWCC-73 form from Dr. Kiel dated 09/17/03
An MRI of the lumbar spine interpreted by Wesley Chang, M.D. dated 09/18/03
An evaluation with David G. Vanderweide, M.D. dated 10/14/03
A Required Medical Evaluation (RME) with an unknown provider (no name or signature was available) dated 11/06/03
A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was available) dated 11/06/03
A TWCC-73 form from Melissa D. Tonn, M.D. dated 11/06/03
A TWCC-73 form from Lloyd Weldon, D.O. dated 11/12/03
Evaluations with another unknown provider (the signature was illegible) dated 12/08/03, 01/09/04, 02/02/04, and 03/03/04
An RME with Jose E. DeJesus, M.D. dated 03/04/04
Letters of adverse determination from UniMed Direct, L.L.C. dated 04/22/04, 07/25/06, and 08/16/06
An addendum letter from Dr. Tonn dated 05/28/04
A letter written by Dr. DeJesus dated 09/10/04
Percutaneous Electrical Nerve Stimulation (PENS) with Kevin E. Cowens, M.D. dated 11/09/04, 11/11/04, and 11/16/04
An evaluation with Casey G. Cochran, D.O. dated 03/31/05
A Notice of Disputed Issue(s) and Refusal To Pay Benefits form from AR Claims Management dated 09/03/05
A Designated Doctor Evaluation with Dr. DeJesus dated 09/13/05

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A letter of medical necessity from an unknown provider (the signature was illegible) dated 01/10/06

A Designated Doctor Evaluation with J. Thomas Dilger, M.D. dated 05/01/06

Evaluations with Gene J. Couturier, D.C. dated 05/08/06, 05/24/06, and 08/07/06

DWC-73 forms from Dr. Couturier dated 05/08/06 and 08/07/06

Evaluations with Neil J. Atlin, D.O. dated 06/13/06, 06/27/06, 07/11/06, 08/15/06, 09/12/06, and 10/10/06

An evaluation with Richard Smith, P.A.-C. for Larry Kjeldgaard, D.O. dated 06/22/06

A DWC-73 form from Dr. Kjeldgaard dated 06/22/06

A letter of medical necessity from Larry Kjeldgaard, D.O. dated 08/07/06

Clinical History Summarized:

X-rays of the lumbar spine interpreted by John Maley, M.D. on 07/28/03 revealed generalized demineralization with Schmorl's nodes at L1 and L4. An MRI of the lumbar spine interpreted by Dr. Chang on 09/18/03 revealed degenerative changes and increased signal at L3. On 03/04/04, Dr. DeJesus felt the patient had chronic lumbar changes and her symptoms were due to mechanical dysfunction of the lumbar spine, which was work related and placed her at Maximum Medical Improvement (MMI) as of 08/13/03 with a 0% whole person impairment rating. On 09/10/04, Dr. DeJesus wrote a letter upholding his date of MMI and impairment rating. PENS was performed with Dr. Cowens on 11/09/04, 11/11/04, and 11/16/04. On 03/31/05, Dr. Cochran recommended no further treatment for the original injury. On 09/13/05, Dr. DeJesus felt the patient was not at MMI and recommended SI joint injections. On 05/01/06, Dr. Dilger placed the patient at statutory MMI as of 07/28/05 with a 0% whole person impairment rating. On 05/08/06, Dr. Couturier recommended an evaluation with a pain specialist and a spine specialist. On 06/13/06, Dr. Atlin recommended a chronic pain management program, Wellbutrin, Klonopin, Norco, Neurontin, and a possible SI joint injection. On 06/22/06, Mr. Smith recommended a bone density study and an MRI. On 06/27/06, Dr. Atlin continued the patient on her medications and recommended continued therapy with Dr. Couturier. On 07/11/06, Dr. Atlin again recommended bilateral SI joint injections. On 07/25/06 and 08/16/06, UniMed Direct wrote letters of adverse determination for the lumbar MRI. On 08/07/06, Dr. Kjeldgaard wrote a letter of medical necessity for the MRI. On 09/12/06 and 10/10/06, Dr. Atlin continued to recommend an SI joint injection and continued medications.

Disputed Services:

A repeat MRI of the lumbar spine without contrast

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Decision:

I disagree with the requestor. The repeat MRI of the lumbar spine without contrast would be neither reasonable nor necessary.

Rationale/Basis for Decision:

Based upon a review of the provided medical records, as well as my education, experience, and training, it is my opinion that the documentation does not support the medical necessity for a repeat MRI of the lumbar spine without contrast as it relates to the work injury of _____. Recommended guidelines, as noted in the Official Disability Guidelines (ODG), specifically indicate that repeat MRIs are indicated only if there has been a progression of neurological deficit. It notes that imaging studies are used most practically as information studies once a working diagnosis is determined. MRI, although excellent after finding tumor, infection, and nerve compression, can be too sensitive with regard to degenerative disease findings and commonly displays pathology not responsible for the patient's symptoms. With low back pain, clinical judgment begins and ends with an understanding of the patient's life and circumstances as much as with their specific spinal pathology. Although an MRI study may certainly well be indicated in order to determine the presence or absence of metastatic disease, it would certainly not be causally related to the work injury of _____.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with RYCO MedReview is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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.

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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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 12/11/06 from the office of RYCO MedReview.

Sincerely,

Laura White
Secretary/General Counsel