

RYCO MedReview

DETERMINATION OF INDEPENDENT REVIEW

NAME OF PATIENT:	_____
IRO CASE NUMBER:	M2-07-0278-01
NAME OF REQUESTOR:	David W. Strausser, M.D.
NAME OF PROVIDER:	David W. Strausser, M.D.
REVIEWED BY:	Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO:	IRO 5345
DATE OF REPORT:	11/21/06

Dear Dr. Strausser:

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 of the proposed care 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 Board Certified in Orthopedic Surgery 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

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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.

REVIEWER REPORT

Information Provided for Review:

Evaluations with an unknown provider (no name or signature was available) dated 06/12/06, 07/21/06, and 09/11/06

Physical therapy with another unknown provider (no name or signature available) dated 06/12/06, 06/13/06, 06/14/06, 06/15/06, 06/16/06, 06/19/06, 06/20/06, 06/21/06, 06/22/06, 06/26/06, 06/30/06, 07/06/06, 07/07/06, 07/10/06, 08/11/06, and 08/18/06

Evaluations with Michael Peck, D.C. dated 06/22/06, 07/13/06, 07/26/06, 07/28/06, 08/18/06, 09/06/06, 10/02/06, and 10/04/06

Notices of Intent to Issue an Adverse Determination letter from Forte dated 06/27/06 and 07/03/06

Letters of non-authorization from Forte dated 07/05/06, 08/24/06, 09/07/06, 09/13/06, 09/14/06, 10/05/06, and 10/06/06

TWCC-73 forms from Dr. Peck dated 07/14/06, 07/31/06, 08/14/06, 08/31/06, 09/15/06, 09/29/06, and 10/13/06

X-rays and an MRI of the right shoulder and lumbar spine interpreted by Edward C. Fritsch, Jr., D.C. dated 07/18/06

Evaluations with Carl L. Cannon, M.D. dated 08/10/06 and 09/14/06

An evaluation with David W. Strausser, M.D. dated 08/29/06

A preauthorization peer review form from Seamus Carmody, M.D. dated 09/06/06

Clinical History Summarized:

Physical therapy was performed with the unknown provider from 06/12/06 through 08/18/06 for a total of 16 sessions. On 06/22/06, Dr. Peck recommended x-rays and MRIs of the lumbar spine and right shoulder, along with physical therapy. A letter of non-authorization for chiropractic therapy was provided by Forte on 07/05/06. X-rays and an MRI of the right shoulder interpreted by Dr. Fritsch dated 07/18/06 revealed mild tendinosis, possible impingement, and a SLAP lesion. X-rays and an MRI of the lumbar spine interpreted by Dr. Fritsch dated 07/18/06 revealed a protrusion at L4-L5 with facet hypertrophy and mild annular bulging at L5-S1. On

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08/10/06, Dr. Cannon recommended a shoulder injection and Lodine. On 08/18/06, Dr. Peck recommended further physical therapy. On 08/29/06, Dr. Strausser recommended a lumbar epidural steroid injection (ESI). On 09/06/06, Dr. Carmody wrote a letter of non-authorization for the ESI. Letters of non-authorization for the ESI from Forte were dated 09/07/06, 09/13/06, and 09/14/06. Dr. Cannon recommended continued physical therapy and medications on 09/14/06. Forte wrote letters of non-authorization for chiropractic therapy on 10/05/06 and 10/06/06.

Disputed Services:

Caudal epidural steroid injection (62311, 76005)

Decision:

I disagree with the requestor. The caudal epidural steroid injection (62311, 76005) would be neither reasonable nor necessary.

Rationale/Basis for Decision:

In my opinion, no. The patient basically has low back pain with very few specific radicular signs. An MRI revealed a broad based disc bulge of 3 mm. at L4-L5. The chances of this being significant as far as compression of the nerve roots would be remote. The ACOEM Guidelines and the ODG, and other various orthopedic publications of the spine state ESIs could be very useful in the preoperative evaluation of a patient. However, there is no evidence ESIs by themselves are an effective treatment in increasing the long term or change in the natural history of radiculitis or radiculopathy. Thus, I do not believe the ESI would be reasonable for two reasons. The first reason is that I believe the L4-L5 disc bulge is not likely significant. Secondly, even if it were, an ESI alone would not be a reasonable treatment plan.

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.

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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.

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 11/21/06 from the office of RYCO MedReview.

Sincerely,

Laura White
Secretary/General Counsel