

November 14, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-07-0287-01

CLIENT TRACKING NUMBER: M2-07-0287-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that 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.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, dated 11/06/06 - 1 page
- Texas Department of Insurance Form, dated 11/06/06 - 4 pages
- Letter from UniMed Direct LLC, dated 09/15/06 - 2 pages
- Letter from Travelers, dated 09/22/06 - 2 pages

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- Letter from UniMed Direct LLC, dated 09/15/06 – 2 pages

Records Received from Requestor:

- Letter from Dr. Shalev, dated 09/22/05 – 1 page
- Letter from UniMed Direct LLD, dated 09/15/06 – 1 page
- Preauthorization Request Form, dated 09/12/06 – 1 page
- Operative Report, dated 09/05/06 – 2 pages
- Follow-Up Evaluation, dated 06/21/06 – 2 pages
- Patient Follow-Up Report, dated 04/03/06 – 2 pages
- Progress Notes, dated 02/28/06 – 2 pages
- Follow-Up Evaluation, dated 01/06/06 – 2 pages
- Follow-Up Evaluation, dated 11/11/05 – 2 pages
- Follow-Up Evaluation, dated 09/12/05 – 2 pages
- Operative Report, dated 08/15/05 – 2 pages
- Patient Follow-Up Report, dated 07/13/05 – 1 page
- Operative Report, dated 06/28/05 – 3 pages
- Operative Report, dated 06/14/05 – 2 pages
- Follow-Up Evaluation, dated 05/23/05 – 2 pages
- Progress Notes, dated 02/09/04 – 2 pages
- Operative Report, dated 01/13/04 – 3 pages
- History and Physical, dated 12/18/03 – 4 pages
- MRI of the Cervical Spine, dated 08/19/03 – 2 pages
- Peer Review Decision from MES Solutions, dated 08/25/05 – 8 pages

Summary of Treatment/Case History:

The patient is a 28 year-old female with date of injury _____. Her mechanism of injury was hitting her head on her desk while underneath it. MRI showed a bulge at C6/7 without nerve root compression. The patient had cervical facet blocks in 1/04 with absolutely no relief. She then had traction with no relief. She then had cervical epidural steroid injections (ESIs) in 6/05–8/05 with 75% relief for a month or so and then 30% relief for 5 months or so. The MD then repeated these on 9/5/06. He is also requesting more ESIs and a repeat cervical facet injection. The patient had a record review by a Neurological surgeon in 8/25/05 which felt the cervical disc bulge was an incidental finding and that the patient had underlying psychological issues. The request for ESI and facet injections has been denied multiple times recently.

Questions for Review:

1. Pre authorization request: #62310 X 1, ESI, #64470 X 1 right side Cervical facet injection, #64472 X 5, additional levels (C3–C7) with sedation CPT #00600 and fluoroscopic guidance.

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Medically necessary?

Explanation of Findings:

The patient had facet injections once before by this same MD to this same area with absolutely no relief. Therefore, repeating them is not medically indicated. She hit her head on the underside of her desk so it is very unclear how this could have caused a cervical radiculopathy. Her MRI shows a one level disc bulge which could easily be considered an incidental finding without nerve root compromise. She had some relief from prior ESIs but not sustained. Her injury is also 3.5 years old at this point and the efficacy of an ESI in a chronic situation is minimal. For these reasons, the ESI is not deemed necessary either.

Conclusion/Decision to Not Certify:

Question 1: Pre authorization request: #62310 X 1, ESI, #64470 X 1 right side Cervical facet injection, #64472 X 5, additional levels (C3-C7) with sedation CPT #00600 and fluoroscopic guidance. Medically necessary?

The facets and ESI's (#62310 X 1, ESI, #64470 X 1 right side Cervical facet injection, #64472 X 5, additional levels (C3-C7) with sedation CPT #00600 and fluoroscopic guidance) are not medically necessary.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

Common practice among pain and osteopathic physicians.

References Used in Support of Decision:

ACOEM guidelines copyright 2004 pgs 175, 300, 309.
Bonica's Management of pain third edition copyright 2000.

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

Your Right To Appeal

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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 /
Appeals Clerk
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

In accordance with Division 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 14 day of Nov/2006.

Stephanie Romano

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their

particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Stephanie R ext 537

cc: Requestor and Respondent

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