

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

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Austin, Texas 78735

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0310-01
Name of Patient:	
Name of URA/Payer:	American Casualty Company of Reading
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Robert Henderson, MD

November 14, 2006

An independent review of the above-referenced case has been completed by a physician board certified in neurology. 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.

November 14, 2006
Notice of Independent Review Determination
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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Robert Henderson, MD
Deepak Chavda, MD
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

1. Notification of IRO assignment and associated secondary documents
2. Chart notes from Dr. Robert J. Henderson, MD, FACS dated 08-18-2006
3. MRI lumbar spine without contrast 07-29-2006
4. MRI thoracic spine without contrast 07-29-2006
5. EMG 07-18-2006
6. Chart notes from Dr. Deepak V. Chavda, MD 08-04-2006, 08-09-2006.
7. Designated doctor examination by Dr. Eric J. Coligado, MD 08-31-2006

CLINICAL HISTORY

A 28 year old male originally injured on ____ while lifting a garbage bag weighing approximately 85 pounds. Originally experienced pain in the mid scapular region. More pertinently, there was also immediate onset of low back and bilateral leg pain, left worse than right. He underwent bilateral SI joint injection with 24 mg of dexamethasone and 40 mg of Lidocaine 1% into each joint on 08-04-2006. He experienced, apparently chest pain and shortness of breath after that leading to an emergency room visit. MRI of the lumbar spine demonstrated small 4 mm left paramedian disk herniation and mild left foraminal stenosis at L4-5 without frank impingement upon the exiting left L4 nerve root. EMG showed frequent fibrillations in the right anterior tibialis and right "L5 paraspinal muscles."

REQUESTED SERVICE(S)

Caudal left epidural steroid injection

DECISION

Denied

RATIONALE/BASIS FOR DECISION

There is no evidence by history from Mr. ____, by examinations by Dr. Coligado, by MRI scanning of the lumbar spine, or by electromyography of left lumbosacral radiculopathy. The patient's history and examination are much more suggestive of lumbosacral

RE: ____

and/or strain/sprain. There is no evidence of left-sided lumbosacral nerve root compression.

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 16th day of November, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell