

November 29, 2006

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

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-07-0412-01  
CLIENT TRACKING NUMBER: WC

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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 11/20/06, 11 pages

Records Received from Dr. Arnulfo Carrasco:

Lumbar spine report dated 5/27/05, 1 page

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

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Lumbar spine MRI report 7/26/05, 1 page

Lower extremity nerve test report, 9/16/05, 1 page

Letter to Dr. Arriens dated 10/24/05, 3 pages

Follow up exam dated 12/6/05, 1/10/06, 2/2/06, 4/6/06, 5/4/06, 6/29/06, 8/29/06, 10/3/06, 11/14/06, 9 pages

#### **Summary of Treatment/Case History:**

The patient is a 52 year old male with a date of injury of \_\_\_\_\_. The patient complains of back and left leg pain. MRI showed lumbar disc bulges at multiple levels; EMG showed bilateral L5 and S1 radiculopathy. The patient had a series of ESIs with 90% relief reported but in 4/06 the MD recommended a discogram that was not done. After this, he recommended left psoas block and TPIs. Prior to this he had done botox in 3/06 with good relief also reported. The pt has left psoas symptoms and Trigger points in the buttock muscles.

#### **Questions for Review:**

1. Item(s) in dispute: Pre authorization request: Left psoas block w/fluoroscopy and 4-6 TPIs. Please review for medical necessity.

#### **Explanation of Findings:**

1. Item(s) in dispute: Pre authorization request: Left psoas block w/fluoroscopy and 4-6 TPIs. Please review for medical necessity.

This patient in 4/06 had a suspected discogenic source to his pain as the MD requested a discogram. It appears that once that was apparently denied (as it was never done) he now feels the patient's pain is located in his psoas muscle and buttock musculature. The patient had temporary great relief with ESIs which was a treatment directed at his discs and therefore a discogram was suggested. It is not clear how now he has more superficially mediated pain (psoas and myofascial) or how these more superficial injections will positively affect a deeper lying pathology at the disc level. Finally, TPIs in general have no proven benefit beyond a short term palliative effect; typically they produce no sustained result. The proposed left psoas block with fluoroscopy and 4-6 TPI's are not medically necessary.

#### **Conclusion/Decision to Not Certify:**

The proposed left psoas block with fluoroscopy and 4-6 TPI's 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:**

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

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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**

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 29 day of Nov/2006.

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Stacie Sterken

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: Stacie S ext 577