



Medical Review Institute of America, Inc.
America's External Review Network

January 12, 2007

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

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-07-0421-01
CLIENT TRACKING NUMBER: M2-07-0421-01

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:

FROM THE STATE OF TEXAS:

Notification of IRO assignment 12/29/06 - 1 page

Texas Department of Insurance Division of Workers Compensation form 11/22/06 - 1 page

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

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrioa.com A URAC & NCQA Accredited Company

Medical dispute resolution request/response form – 2 pages
Provider forms – 2 pages
Table of disputed services – 1 page
Letter from UM Medical Director/Texas Council Risk Management Fund 9/26/06 – 1 page
Letter from UM Medical Director/Texas Council Risk Management Fund 10/19/06 – 2 pages

RECORDS FROM THE RESPONDENT:

Letter from Texas Council Risk Management Fund 2/8/06 – 1 page
MRI L–spine without contrast report 2/26/05 – 2 pages
Safety plan 9/9/05 – 2 pages
MRI C–spine without contrast report 10/13/05 – 1 page
Physician notes 9/9/05 – 1 page
Work status report 9/9/05 – 1 page
Chart notes 9/12/05 – 1 page
New patient chart notes neck 9/21/05 – 2 pages
New patient chart notes shoulder 9/21/05 – 2 pages
Physician notes 9/12/05 – 1 page
Work status report 9/12/05 – 1 page
Physician notes 9/16/05 – 1 page
Work status report 9/16/05 – 1 page
Physician notes 9/20/05 – 9/27/05 –1 page
Work status report 9/20/05 – 1 page
Work status report 9/27/05 – 1 page
Work status report 10/11/05 – 1 page
Physician notes 10/11/05 – 10/25/05 –1 page
Work status report 10/25/05 – 1 page
Coverage verification form 11/2/05 – 1 page
Physician notes 11/28/05 – 1 page
Work status report 11/28/05 – 1 page
New patient visit notes 12/13/05 – 3 pages
Aquatic therapy screen – 2 pages
Work status report 12/13/05 – 1 page
Preauthorization request for therapy 12/14/05 – 1 page
Intake form 12/14/05 – 1 page
Preauthorization request form 12/15/05 – 1 page
Outpatient medical history form 12/20/05 – 1 page
Verification/notes 12/20/05 – 1/27/06 – 1 page
Physician notes 9/9/05 – 1 page

Work status report 12/27/05 – 1 page
PT evaluation form 12/29/05 – 1 page
PT outpatient evaluation form 12/29/05 – 2 pages
Outpatient daily progress notes 12/28/05 – 1/23/06 – 2 pages
Modified Oswestry low back pain disability questionnaire 1/2/06 – 1 page
Outpatient daily progress notes 1/4/06 – 1/25/06 – 5 pages
Exercise flow sheet 12/28/05 – 1/19/06 – 1 page
Date grid 1/19/06 – 2 pages
Date grid 1/12/06 – 4 pages
Date grid 1/4/06 – 5 pages
Exercise flow sheet 1/2/06 – 1/24/06 – 1 page
PT Plan of care 1/11/06 – 1/25/06 – 1 page
Established patient visit 1/17/06 – 3 pages
Program information sheet from Christian Ehrhard, PA-C 1/17/06 – 1 page
Patient information 1/17/06 – 1 page
Release of information authorization form 1/17/06 – 1 page
Work status report 1/12/06 – 1 page
Letter from Mary Zersen 1/20/06 – 1 page
Initial assessment report 1/20/05 – 6 pages
PT progress note/discharge summary 1/27/06 – 1 page
Patient identification form 1/25/06 – 2/25/06 – 1 page
Modified Oswestry low back pain disability questionnaire 1/25/06 – 2 pages
Modified Oswestry low back pain disability questionnaire 1/19/06 – 2 pages
Physician notes 1/27/06 – 1 page
Work status report 1/27/06 – 1 page
Functional capacity evaluation summary report 2/2/06 – 4 pages
Functional capacity evaluation report 2/2/06 – 1 page
Letter from Texas Council Risk Management Fund 2/8/06 – 1 page
Discharge summary 12/24/05 – 1 page
Physical abilities and job match form 2/15/06 –
Table of Contents from The Matheson System of Work Evaluation 2/2/06 – 1 page
Client profile 2/20/06 – 1 page
Physical and Mental requirements/environmental checklist 2/2/06 – 1 page
Investigations/Medical history 2/20/06 – 4 pages
Job demands 2/20/06 – 3 pages
Grip strength report 2/20/06 – 1 page
Mobility report 2/20/06 – 2 pages
Carrying report 2/20/06 – 1 page
Material handling report 2/20/06 – 1 page

Musculoskeletal evaluation – lumbar spine 2/20/06 – 1 page
Timer analysis 2/20/06 – 1 page
Physical effort findings report 2/20/06 – 4 pages
Reliability of pain and disability reports 2/20/06 – 3 pages
Summary of findings report 2/20/06 – 1 page
Recommendations report 2/20/06 – 1 page
Next day follow up report 2/20/06 – 2 pages
Physician notes 2/24/06 – 1 page
Work status report 2/24/06 – 1 page
Progress report 2/27/06 – 5 pages
MRI L–spine without contrast report 2/28/06 – 2 pages
Established patient visit notes 3/1/06 – 3 pages
Work status report 3/1/06 – 1 page
Program information sheet from Robert S. Williams, MD 3/1/06 – 2 pages
Workers compensation verification form 3/2/06 – 3/16/06 – 1 page
PT intake form 3/3/06 – 1 page
Workers compensation preauthorization request 3/9/06 – 1 page
Preauthorization request 3/10/06 – 1 page
Preauthorization request 3/10/06 – 1 page
Notice of referral to physician advisor 3/10/06 – 1 page
Fax from Rehabilitation services 3/10/06 – 1 page
Request for physician advisement 3/9/06 – 1 page
Preauthorization response – 1 page
Outpatient medical history form 3/20/06 – 1 page
Rehabilitation outpatient acknowledgement 3/20/06 – 1 page
Patient information –1 page
Therapy progress notes 3/10/06 – 3/30/06 – 1 page
Physician notes 3/21/06 – 1 page
Work status report 3/21/06 – 1 page
Outpatient daily progress notes 3/20/06 – 3/29/06 – 4 pages
Exercise flow sheet 3/20/06 – 3/28/06 – 1 page
Doctor’s note of excuse 3/24/06 – 1 page
Outpatient daily progress note 3/30/06 – 1 page
Fax from Comp Care Medical Center 3/30/06 – 1 page
Progress report 3/31/06 – 3 pages
Discharge summary 3/20/06 – 1 page
PT plan of care 3/31/06 – 4/14/06 – 1 page
Physician notes 4/3/06 – 4/28/06 – 1 page
Work status report 4/28/06 – 1 page

Request for designated doctor 5/1/06 – 1 page
Texas Department of Insurance Division of Workers' Compensation form 5/9/06 – 1 page
Report of medical evaluation 5/25/06 – 1 page
Designated doctor evaluation 5/25/06 – 6 pages
Physician notes 5/26/06 – 1 page
Work status report 5/26/06 – 1 page
Progress report 5/31/06 – 3 pages
Progress report 6/23/06 – 4 pages
Work status report 6/23/06 – 1 page
Physician notes 6/23/06 – 7/27/06 – 1 page
Preauthorization request form 7/5/06 – 1 page
Notice of referral to physician advisor 7/5/06 – 1 page
Preauthorization request form 7/5/06 – 1 page
Request for physician advisement 7/5/06 – 1 page
Preauthorization response – 1 page
Physician notes 7/27/06 – 8/28/06 – 1 page
Work status report 7/27/06 – 1 page
History and physical 7/28/06 – 3 pages
Operative note 8/3/06 – 1 page
Anesthesia medical record 8/3/06 – 1 page
Prescription for PT 8/8/06 – 1 page
Preauthorization request 8/14/06 – 1 page
PT request for preauthorization 9/9/05 – 1 page
History and physical 8/16/06 – 2 pages
Physical therapy evaluation 8/17/06 – 1 page
Charge ticket/daily note 8/17/06 – 1 page
Work status report 8/30/06 – 1 page
Physician notes 8/30/06 – 1 page
Progress report 8/31/06 – 4 pages
Exercise program 8/22/06 – 9/20/06 – 2 pages
Charge ticket/daily note 8/22/06 – 1 page
Charge ticket/daily note 8/24/06 – 1 page
Charge ticket/daily note 8/25/06 – 1 page
Charge ticket/daily note 8/29/06 – 1 page
Charge ticket/daily note 9/20/06 – 1 page
Charge ticket/daily note 9/19/06 – 1 page
Request for designated doctor 9/19/06 – 2 pages
Physician notes 8/30/06 – 9/29/06 – 1 page
Exercise program 9/20/06 – 9/28/06 – 1 page

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

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrrioa.com A URAC & NCQA Accredited Company

Preauthorization request 9/25/06 – 1 page
Charge ticket/daily note 9/26/06 – 1 page
Texas Department of Insurance Division of Workers' Compensation form 9/26/06 – 2 pages
Specialty physician review request 9/26/06 – 1 page
Charge ticket/daily note 9/28/06 – 1 page
Progress report 9/29/06 – 4 pages
Preauthorization request 10/13/06 – 1 page
Physician review request 10/16/06 – 1 page
Preauthorization request 10/16/06 – 2 pages
Work status report 10/26/06 – 1 page
Physician notes 10/26/06 – 1 page
Progress report 10/31/06 – 3 pages
Preauthorization request 11/9/06 – 1 page
Preauthorization request – 1 page
Letter from Dr. Rufino Gonzalez, MD 11/2/06 – 3 pages
Texas Department of Insurance Division of Workers Compensation form 11/22/06 – 1 page
Letter from Dr. Rufino Gonzalez, MD 11/2/06 – 2 pages
Lab reports 11/22/06 – 3 pages
PT evaluation 12/5/06 – 1 page
Texas Department of Insurance Division of Workers' Compensation form 12/11/06 – 2 pages
Physical therapy initial evaluation 11/22/06 – 2 pages
Preauthorization request 12/19/06 – 2 pages
Work status report 12/10/06 – 1 page
Physician notes 12/20/06 – 1 page
Preauthorization log 10/16/06 – 2 pages
Preauthorization log 7/5/06 – 1 page
Medical history summary – 2 pages
Workers Compensation preauthorization form 1 page

FROM THE REQUESTOR:

Letter from Dr. Ryan Potter, MD 10/23/06 – 1 page
Initial history and physical 6/30/06 – 2 pages
Intake form 8/10/05 – 1 page
MRI knee right without contrast 8/28/06 – 1 page
Letter from Misti Schroll, RN 9/18/06 – 1 page
History and physical 9/18/06 – 2 pages
Workers compensation preauthorization form – 2 pages
Letter from UM Medical Director/Texas Council Risk Management Fund 9/26/06 – 1 page

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

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrioa.com A URAC & NCQA Accredited Company

Request for reconsideration (appeal process) 1 page
Intake form – 1 page
Letter for reconsideration 10/10/06 – 1 page
Workers Compensation preauthorization form – 2 pages
Letter from UM Medical Director/Texas Council Risk Management Fund 10/19/06 – 2 pages
Reconsideration procedure forms – 2 pages

Summary of Treatment/Case History:

The patient is a 51 year old female with date of injury in ___ in which she tripped and fell on the right knee and face. She has a 10 year history of left leg sciatica not related to this injury and predating it. Her lumbar MRI in 2/06 showed left L5–S1 HNP abutting the left S1 root and was noted to be unchanged from prior studies. After her injury, the patient complained of neck pain, headache, and low back pain with right knee pain. Her knee ultimately underwent arthroscopy in 11/06 due to the finding of a torn medial meniscus and OA changes. Dr. Potter has been treating her as a pain MD since 7/06. He did one cervical ESI without relief. He has been requesting lumbar ESIs, which were denied twice. Dr. Potter is noting the patient has left leg radicular symptoms. What he fails to mention is that the patient has a 10 year history of left leg sciatica with old positive MRI findings completely unrelated to her injury and pre-existing the injury.

Questions for Review:

Pre auth request: Lumbar Epidural Steroid Injection at L5–S1 under Fluoroscopic Guidance and MAC anesthesia plus J codes

Explanation of Findings:

The ESI is denied for multiple reasons. First, the patient fell on her right side, so it is impossible to link left sided symptoms to her date of injury. Second, it is well documented that she had pre-existing left leg sciatica for which she was being treated by Dr. Lovoi for years prior to this injury, so her left leg symptoms are not related to the date of injury. Third, her MRI in 2/06 states plainly that there is no change in findings (and all findings are left sided) from prior studies, so her date of injury produced no new pathology. Finally, her right leg symptoms had been centered on her right knee with popping, pain, giving out and this was found to be due to meniscal pathology. For all these reasons, the ESI is not related to the WC date of injury nor necessary.

Conclusion/Decision to Not Certify:

Pre auth request: Lumbar Epidural Steroid Injection at L5–S1 under Fluoroscopic Guidance and MAC anesthesia plus J codes

The Lumbar Epidural Steroid injection is not medically necessary or certified.

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:

ACOEEM Guidelines copyright 2004 pages 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

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 12 day of Jan/2007.

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

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrtoa.com A URAC & NCQA Accredited Company

Cherstin Bailey

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.

1280118.1

Case Analyst: Cherstin B ext 593

cc: Requestor
Respondent