



Medical Review Institute of America, Inc.

America's External Review Network

SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification and QA
Division (HWCN) MC 103-5A
Via E-mail IRODecisions@tdi.state.tx.us

Injured Employee

Requestor

Respondent

TASB RISK MANAGEMENT FUND

Fax #512-467-3558

January 16, 2007

RE: IRO Case #:M2-07-0539-01
Name: ___ ___
Coverage Type: Workers' Compensation Health Care (Non-network)
Type of Review:
Prospective

Medical Review Institute has been certified, certification number 5278, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to the IRO for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

The IRO has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, the IRO reviewed the medical records and documentation provided to the IRO by involved parties.

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This case was reviewed by Orthopedics. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of Medical Review Institute of America I certify that:

1. there is no known conflict between the reviewer, the IRO and/or any officer/ employee of the IRO with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal Service or otherwise transmitted in the manner indicated above on January 16, 2007.

Right to Appeal

You have the right to appeal the decision by seeking judicial review. The decision of the IRO is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery the appeal must be filed:

- 1) directly with a district court in Travis County (see Labor Code §413.031(m), and
- 2) within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for a CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,
Case Analyst: Raquel G ext 518
Case Fulfillment Specialist

DATE OF REVIEW:

January 15, 2007

IRO CASE #:

IRO Case #: M2-07-0539-01

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

1. Pre-auth request: Lumbar epidural steroid injection #1.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The physician providing this review is board certified in Orthopedic Surgery. The reviewer holds additional certification from the American Board of Orthopaedic Surgery. The reviewer has served in capacity of executive committee member, credentials committee, chairman of the surgery department, board of directors and quality boards at various hospitals and medical centers. The reviewer currently serves as the Chief of Orthopedic Surgery at a VA Medical Center. The reviewer has been in active practice since 1970.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld. The requested lumbar epidural steroid injection #1 are not medically necessary.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

There is no evidence to support the use of invasive epidural injections of steroids, local anesthetics, and/or opioids as a treatment for acute low back pain without objective findings of radiculopathy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records from the State:

Notification of IRO Assignment dated 12/15/06 2 pages
Medical dispute resolution request undated 2 pages
Table of disputed services undated 3 pages
Preauthorization decision dated 10/26/06 2 pages
Preauthorization decision dated 11/9/06 2 pages
Physical performance evaluation dated 7/6/06 13 pages
Low back pain disability questionnaire dated 7/6/06 1 page
Neck Disability Index dated 7/6/06 1 page
Dallas Pain questionnaire dated 7/6/06 4 pages
Cervical Spine MRI dated 6/22/06 1 page
Lumbar Spine MRI dated 6/22/06 2 pages
Daily progress report dated 8/21/06, 9/6/06 4 pages
Required Medical Evaluation dated 9/8/06 5 pages
Daily progress reports dated 9/9/06, 9/12/06, 9/14/06 6 pages
Referral to orthopedic specialist dated 9/25/06 1 page
Authorization to release medical information dated 9/25/06 1 page
Office notes dated 10/18/06 1 page
Referral form dated 10/18/06 1 page
Office notes dated 10/27/06 1 page
Referral form dated 10/31/06 1 page

Records from Respondent:

Letter from TASB Risk Management Fund dated 12/26/06 2 pages
Letter from DDWC dated 11/27/06 1 page
Lumbar spine MRI dated 6/22/06 2 pages
Electro Diagnostic Interpretation dated 8/3/06 3 pages
Notes dated 10/24/06 1 page
Preauthorization notes dated 10/27 and 11/9/06 2 pages
Preauthorization information undated 3 pages

PATIENT CLINICAL HISTORY [SUMMARY]

The patient is a 48-year-old female who works as a custodian, On ___ she was pulling a cart loaded with chairs and tried to lift it on a sidewalk. The chairs fell on her knocking her down and she landed on her back and buttocks. She received chiropractic treatment for occasional neck and persistent low back pain with occasional subjective complaints of radiation to the left lower

extremity. Most of her pain was in the low back. Her chiropractic treatment was unsuccessful. Her diagnostic studies revealed degenerative disk disease with an anterolisthesis and L4-5 on x-ray. Her cervical MRI was normal and her lumbar MRI revealed the above findings on x-ray along with facet arthropathy. She did not respond to chiropractic treatment and her required medical examiner recommended oral anti inflammatories, physical therapy, nonnarcotic analgesics and examination by an orthopedic surgeon. The orthopedic consultation recommended an epidural steroid injection. Findings were mildly positive straight leg raising on the left and complaints of numbness in the left lower extremity as well as low back pain. There were no objective neurologic deficits.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

There is no evidence to support the use of invasive epidural injections of steroids, local anesthetics, and/or opioids as a treatment for acute low back pain without objective findings of radiculopathy.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

Clinical practice guidelines number 14, Acute Low Back Problems in Adults, US Department of Health and Human Services and Agency for Healthcare Policy and Research

cc: Requestor and Respondent