



Medical Review Institute of America, Inc.

America's External Review Network

February 20, 2007

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

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-07-0592-01  
CLIENT TRACKING NUMBER:

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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:**

Notification of IRO Assignment dated 1/4/07 2 pages  
Medical Dispute Resolution request and Table of Disputed Services dated 12/11/06 4 pages  
Carrier pre-authorization, denials, initial and reconsideration, dated 10/5/2006 and 10/31/2006, respectively 4 pages

Records received from Requestor:

Pre authorization request dated 10/2/06 and 10/24/06 2 pages

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Patient demographics 1 page  
Treating doctor's initial evaluation and report, dated 7/26/2006 3 pages  
Subsequent evaluation dated 8/31/06 2 pages  
Physical performance evaluation dated 9/13/06 3 pages  
Subsequent evaluation dated 9/15/06 3 pages  
Letter of medical necessity dated 10/2/06 1 page  
Reconsideration request dated 7/18/06 1 page  
Physical performance evaluation dated 10/31/06 3 pages  
Subsequent evaluation dated 11/15/06 3 pages  
Medical dispute resolution dated 7/18/06 1 page  
Visit notes dated 7/26/06, 8/3/06, 8/07/06, 8/8/06, 8/09/06, 8/11/06, 8/17/06, 8/18/06, 8/22/06, 8/23/06, 8/31/06, 9/5/06, 9/6/06, 9/7/06, 9/8/06, 9/11/06, 9/15/06, 9/18/06, 9/28/06, 11/15/06, 11/28/06, 12/19/06, 12/20/06 27 pages  
Functional abilities evaluation dated 7/18/06 14 pages  
Records Received from Respondent:  
Texas workers compensation work status report dated 7/26/06 1 page  
Coding overview pages 4 pages  
Physical history and exam dated 9/20/06 3 pages  
Procedure note (ESI) dated 10/2/06 1 page  
HCFA date of service 9/5/06 1 page  
EOB for date of service 8/24/06 1 page  
Operative report for date of service 12/5/06 2 pages  
Anesthesia record for date of service 12/5/06 2 pages  
MRI report, left knee, dated 8/2/2006  
Lower extremity evaluation dated 12/13/06  
Visit notes dated 7/21/06 and 7/25/06 9 pages  
EMG and Nerve Conduction Study, with report, dated 8/28/2006 3 pages  
EEG with report, dated 9/6/2006 1 page  
Upper and Lower Evoked potential Study and report, dated 9/6/2006 and 9/9/06 4 pages  
Case Management/Spine X-ray report from neurologist, date 9/7/2006 2 pages  
Report of Medical Evaluation, dated 9/20/2006 (not at MMI) 2 pages  
Visit dated 7/31/06, 8/14/06, 8/25/06 3 pages  
Behavioral Health Assessment and report, dated 9/12/2006 6 pages  
Orthopedic surgeon evaluation and report (for knees), dated 11/13/2006 2 pages  
Visits dated 1/4/07, 1/5/07, 1/8/07, 1/9/07, 1/23/07, 1/25/07, 1/26/07, 1/29/07 16 pages  
Individual counseling/therapy notes, dated 11/7/2006 and 11/15/2006 2 pages  
Required Medical Examination and report, dated 9/29/2006 6 pages  
Pain management consultation and report, dated 9/14/2006 3 pages  
Pain management follow-up notes, dated 10/12/2006 1 page

Operative report for transforaminal ESIs, dated 10/2/2006 and 11/14/2006 2 pages  
MRI report, right knee, dated 8/2/2006 2 pages  
MRI report, cervical and lumbar spines, dated 8/3/2006 2 pages  
Additional MRI reports of cervical, lumbar and bilateral knees, dated 8/24/06, by a different neuroradiologist 4 pages  
Subsequent evaluation (performed by in-house medical doctor) dated 8/10/2006, 8/31/2006 and 10/12/2006 5 pages  
EOB's for date of service 12/5/06 2 pages  
Labs for date of service 11/27/06 3 pages

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

The patient is a 34-year-old male garbage collector who, on \_\_\_\_, was walking across the street to service trash cans when an automobile struck him. He was originally seen by the company doctor, x-rayed, prescribed medications, and sent back to work on 7/29/2006. When he "couldn't get out of bed," he presented himself to a doctor of chiropractic for chiropractic care and physical therapy. At that time, he was complaining of neck pain, lower back pain, and left knee pain.

The treating doctor performed an MRI, and it revealed a horizontal cleavage tear of the posterior meniscus in the left knee and subchondral microtrabecular edema of the left knee; a right formaminal disc herniation at C3-4 with moderate spondylosis and impingement of the right C4 nerve root sleeve; an annular bulge at C4-5 with spondylosis and severe narrowing of the right neuroforamen; flattening of the thecal sac at C5-6 with moderate narrowing of the right neuroforamen; bilateral mild formaminal narrowing and disc bulge at L4-5; and, a parasagittal subligamentous disc herniation at L5-S1 with mild bilateral foraminal encroachment and disc degeneration.

This pre-authorization request is for outpatient post-injection physical therapy for a lumbar epidural steroid injection that was performed on 10/2/2006.

### **Questions for Review:**

Are the twelve (12) sessions of post-injection therapy, to include unattended electrical stimulation (#G0238), therapeutic exercises (#97110), manual therapy techniques (#97140) and ultrasound (#97035) medically necessary to treat this patient's injury?

### **Explanation of Findings:**

Are the twelve (12) sessions of post-injection therapy, to include unattended electrical stimulation (#G0238), therapeutic exercises (#97110), manual therapy techniques (#97140) and ultrasound (#97035) medically necessary to treat this patient's injury?

Yes.

In this case, the medical records adequately document that the patient sustained significant compensable injuries to his cervical and lumbar spine, as well as to both his knees. Given the findings of the patient's lumbar MRI and his functional abilities examination, coupled with the fact that the patient's PDL is deemed "very heavy," it is supported as medically necessary that he receive the prescribed post-injection physical therapy protocols outlined above.

With respect to the carrier's position that the medical records lacked sufficient rationale to explain why the claimant required supervised outpatient post-injection physical therapy—as opposed to merely engaging in a home-based post-injection physical therapy protocol—there is adequate documentation in the medical records that the patient suffered post-concussive and mental disturbances that would require supervision to safely engage in these activities.

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This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.

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

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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 20 day of Feb/2007.

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Raquel Goodbeau

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.

1280918.1

Case Analyst: Raquel G ext 518

cc: Requestor and Respondent

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