April 21, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-1394-01
CLIENT TRACKING NUMBER: M2-05-1394-01

Amended 5/3/05

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC 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 TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:

RECORDS RECEIVED FROM THE STATE:
Notification of IRO Assignment dated 4/15/05, 9 pages

RECORDS RECEIVED FROM PROVIDER:
Letter of agreement from Forte signed by provider dated 3/7/05, 1 page
Notice of Intent to Issue an Adverse Determination dated 3/10/05, 1 page
Notice of Utilization Review Findings dated 3/11/05, 2 pages
Letter of agreement from Forte signed by provider dated 3/11/05, 1 page
Acknowledgement of Reconsideration Requested dated 3/14/04, 1 page
Notice of Utilization Review Findings dated 3/16/05, 2 pages

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Fax coversheet dated 3/11/05, 1 page
Office notes, Steven D. Eggleston, MD dated 1/7/05, 1/17/05, 1/21/05, 1 page
Radiology report, MRI of right knee from Raj Desai MD dated 1/20/05, 2 pages
Initial history report from Steven Eggleston MD dated 2/21/05
H&P from Manjit S. Randhawa dated 3/2/05, 2 pages
Progress note from Manjit S. Randhawa dated 3/29/05, 1 page
Progress note from Manjit S. Randhawa dated 3/31/05, 1 page

RECORDS RECEIVED FROM SORM:
TWCC-60 Medical Dispute Resolution Request/Response dated 3/30/05, 3 pages
SORM Online form Employer's First Report of Injury/Illness entered 1/7/05, 2 pages
Letter of Agreement from Forte dated 3/7/05, 1 page
Notice of Intent to Issue an Adverse Determination dated 3/10/05, 1 page
Notice of Utilization Review Findings dated 3/11/05, 2 pages
Letter of agreement from Forte signed by provider dated 3/11/05, 1 page
Letter from Forte to patient dated 3/11/05, 1 page
Notice of Utilization Review Findings dated 3/15/05, 2 pages
Notice of Utilization Review Findings dated 3/16/05, 2 pages
Letter from Forte to patient dated 3/16/05, 1 page
Email from Talina Tovar dated 3/15/05, 2 pages
Intake Notes beginning 3/7/05, 2 pages
Preauthorization Peer Review Form dated 3/10/05, 1 page
Emergency Room Notes from Brazosport Memorial Hospital, dated 1/5/05, 5 pages
Sweeny County Hospital EMS report/ambulance report dated 1/5/05, 4 pages
Brazosport Memorial Hospital Radiology services report dated 1/5/05, 3 pages
Office notes, Steven D. Eggleston, MD dated 1/7/05, 1/17/05, 1/21/05, 1 page
PT prescription dated 1/21/05, 1 page
PT evaluation from Lake Jackson Rehab & Wellness Center dated 1/31/05, 1 page
Lake Jackson Rehab & Wellness Rehab Exercise Program dated 1/26/05-2/3/05, 1 page
Lake Jackson Rehab & Wellness Treatment Plan dated 1/31/05, 2/3/05, 1 page
Radiology report, MRI of right knee from Raj Desai MD dated 1/20/05, 2 pages
Initial history report from Steven Eggleston MD dated 2/21/05
Lake Jackson Rehab & Wellness Rehab Exercise Program dated 2/14/05-2/24/05, 1 page
Patient progress report from Lake Jackson dated 2/22/05, 1 page
Reassessment Summary from Lake Jackson dated 2/22/05, 1 page
Treatment Plan from Lake Jackson dated 2/23/05, 2/24/05, 1 page
Office note from Dr. Eggleston dated 3/1/05
H&P from Manjit S. Randhawa dated 3/2/05, 2 pages
Letter of Agreement from Forte dated 3/7/05, 1 page
Notes from unknown source, undated, 1 page
Radiology report, Lumbar spine, 2 views, dated 3/10/05, 1 page
Patient Inquiry sheet from Brazosport Memorial Hospital dated 1/5/05, 2 pages

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Summary of Treatment/Case History:
This is a 61 year old female who slipped and fell on ___. The initial ER report states patient complains of right hip and knee pain. The physical exam was normal; x-rays in the ER were all normal. The patient began treatment with Dr Eggleston for right knee pain. He initiated PT and finds no swelling of the knee, anterior knee pain due to a direct blow (the fall), multiple contusions.
She walks with a walker due to pain. She has full ROM of the knee but pain with ROM. She had an MRI on 1/20/05 which showed degenerative changes with partial posterior cruciate ligament tear. After a month of intermittent PT, she uses a cane and has adequate ROM but pain at end range of motion.
The final note with Dr Eggleston dated 3/1/05 states she has pain with any inspection of the knee. He suspects RSD although there is no swelling, no skin changes, no temperature changes, etc. He sends her to Dr Rhandawa for pain management. Dr Rhandawa finds mild hyperesthesia with light touch to the lateral aspect of the knee. He requests a right lumbar sympathetic block for diagnostic purposes. Due to this being denied, he performs a right knee joint injection on 3/31/05.

Questions for Review:
1. Please review Preauthorization request for right lumbar sympathetic block.

Explanation of Findings:
1. Please review Preauthorization request for right lumbar sympathetic block.

The diagnosis of RSD requires multiple clinical findings such as an inciting event, edema, trophic skin changes, temperature changes or hyperesthesia. The diagnosis of sympathetically mediated pain is made by virtue of the success or failure of a sympathetic block. Sympathetically mediated pain often is conveyed only by hyperesthesia and pain in the area. This patient may likely have sympathetically mediated pain based on her complaints, findings, and failure to respond to PT and medications. The Lumbar Sympathetic Block would be both a diagnostic and therapeutic procedure.

Conclusion/Decision to Certify:
The Lumbar Sympathetic Block is medically necessary.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:
Criteria used is common practice among pain management physicians.

References Used in Support of Decision:
Bonica's Management of Pain, copyright '00.
Practical Management of Pain by P Raj copyright '00.
Interventional Pain Management by Waldman and Winnie copyright '01.

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. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

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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, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

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

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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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cc: requestor and respondent