

August 9, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-1961-01

CLIENT TRACKING NUMBER: M2-05-1961-01 /5278

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:

FROM THE STATE:

Notification of IRO assignment dated 6/24/05 1 page
Texas Workers Compensation Commission form dated 6/24/05 1 page
Medical Dispute Resolution Request/Response form 2 pages
Provider form 1 page
Table of disputed services 1 page
Notice of Utilization review findings dated 5/11/05 2 pages
Notice of Utilization review findings dated 5/26/05 2 pages

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FROM THE RESPONDENT:

Letter from Crum & Forster dated 6/24/05 1 page
Initial report dated 8/4/03 2 pages
Patient demographics report dated 11/28/03 3 pages
History and physical dated 12/23/03 5 pages
Notice of voluntary utilization review findings dated 1/7/04 2 pages
Notice of voluntary utilization review findings dated 1/8/04 2 pages
Procedure note dated 1/15/04 2 pages
Notice of voluntary utilization review findings dated 1/27/04 2 pages
Notice of utilization review findings dated 2/16/04 2 pages
Notice of utilization review findings dated 3/8/04 2 pages
Procedure report dated 3/24/04 3 pages
Follow up visit impairment rating report dated 3/30/04 3 pages
MRI lumbar spine report dated 6/11/04 1 page
Functional capacity evaluation dated 3/30/04 5 pages
Notice of voluntary utilization review findings dated 4/9/04 2 pages
Notice of voluntary utilization review findings dated 4/30/04 2 pages
Peer review by Professional Associates dated 6/14/04 7 pages
Letter from Dr. Aggarwal, MD dated 7/5/04 1 page
Letter from Dorothy Leong MD dated 7/21/04 6 pages
Peer review by Professional Associates dated 7/22/04 5 pages
Follow up exam notes by Dr. Aggarwal MD, dated 8/23/04 2 pages
New patient exam notes dated 11/28/03 3 pages
Case Analysis for ____ dated 3/14/05 4 pages
Letter from Dr Hood, DO dated 3/30/05 2 pages
Supplemental information on ____ cover sheet 1 page
Review of medical history and physical exam notes dated 3/30/05 6 pages
Diagnostic testing services Inc report dated 11/25/03 4 pages
Neuro - Med Diagnostics dated 4/8/05 3 pages
Request for reconsideration dated 3/10/05 1 page
Initial exam chart notes dated 4/25/05 1 page
DNI patient information sheet dated 4/25/05 1 page
Peer review dated 5/4/05 7 pages
Peer review from professional associates dated 5/4/05 7 pages
Notice of utilization review findings dated 5/26/05 2 pages

FROM THE REQUESTOR:

Texas Workers Compensation Commission form dated 6/14/05 1 page
TWCC-59 report of medical evaluation 1 page
Report of medical evaluation dated 3/30/05 2 pages
Supplemental information face cover sheet 1 page
Review of medical history and physical exam dated 3/30/05 6 pages
Initial exam chart notes date 4/25/05 1 page
Radiology report for lumbar spine, dated 11/25/03 1 page
Letter from Dr. Taylor, DC dated 5/19/05 1 page
Letter from Dr. Sazy, MD dated 4/25/05 1 page
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Electrodiagnostic test results dated 4/4/05 4 pages
Letter from Dr. Aggarwal, MD dated 6/20/05 1 page
Follow up exam notes dated 6/20/05 pages
Follow up exam notes dated 6/20/05 2 pages
Letter from Dr. Aggarwal, MD dated 6/13/05 1 page
Follow up exam notes dated 6/13/05 2 pages
Copy of check from Crum&Forster dated 8/9/05 1 page

Summary of Treatment/Case History:

This is a 53 year old male who claims injury on ___ when he was working as a cable installer and missed a step on the ladder; he fell landing on his back. He initially had pain in his neck, low back, and both wrists. His present complaints are left low back pain radiating to the lower left extremity. He has been seen by numerous practitioners, with variable findings regarding neurologic exam and range of motion in the lumbar spine. His past history is significant for prior back surgery consisting of a BAC cage fusion at L5-S1. The surgery was successful and he states that he had no difficulty until the fall from the ladder. His MRI on 6/12/04 indicated no findings of disc herniation, extradural mass, or central or foraminal stenosis.

Questions for Review:

1. Medical necessity of Lumbar Myelogram with CT Scan.

Conclusion/Decision to Not Certify:

1. Medical necessity of Lumbar Myelogram with CT Scan.

There are no findings on the MRI that would indicate any need for diagnostic studies that are invasive and involve significant radiation exposure. There are no significant reproducible neurologic findings on physical exam or findings of spinal mass, fracture, or instability, or spinal stenosis that would warrant the requested diagnostic studies. The requesting Orthopaedic surgeon's, rather cursory exam does not meet the criteria that would justify the need for myelography or CT with contrast.

References Used in Support of Decision:

AHCPR Clinical Guideline #14 PP 72-76

American Academy of Orthopaedic surgeons - North American Spine Society Algorithm for low back pain. AAOS.org, Orthopaedic Knowledge Online

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.

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MRloA 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 / 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

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 MRloA 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 MRloA 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 MRloA 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 MRloA harmless for any and all claims which may arise as a result of this case review.

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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: ___

Respondent: Cynthia Williamson United States Fire insurance