March 7, 2006

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

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-0690-01
CLIENT TRACKING NUMBER: M2-06-0690-01/5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas 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:
RECORDS RECEIVED FROM THE STATE:
Notification of IRO Assignment dated 2/1/06, 10 pages

RECORDS RECEIVED FROM THE RESPONDENT:
Denial letters from St Paul Travelers dated 11/28/05, 4 pages
Claimant's appeal letter 1/4/06, 1 page

RECORDS RECEIVED FROM DR. KENNETH ALO:
Report of MRI of cervical spine 1/11/99, 2 pages
Report of MRI of thoracic spine 3/1/03, 2 pages

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Follow-up consult notes 5/16/02, 10/17/02, 1/2/03, 2/13/03, 4/10/03, 9/9/03, 10/14/03, 1/27/04, 2/27/04, 5/19/04, 9/24/04, 1/18/05, 4/18/05, 10/18/05, 10/31/05, 12/13/05, 32 pages
Operative Reports 9/25/02, 1/24/03, 5/28/03, 7/25/03, 12/1/03, 7/6/04, 2/3/05, 7/21/05, 11/3/05, 18 pages
Duplicate records, 56 pages

Summary of Treatment/Case History:
The claimant is a lady who allegedly suffered a workplace injury on ___. Subsequently she developed back, leg and neck pain as well as headaches. MRI of the cervical and thoracic spine revealed small disc herniations. She has undergone repeated cervical, thoracic and lumbar transforaminal steroid injections since at least 2002.

Questions for Review:
1. Item(s) in Dispute: Pre-authorization denied for lumbar and thoracic MRI without contrast. Review for medical necessity.

Explanation of Findings:
1. Item(s) in Dispute: Pre-authorization denied for lumbar and thoracic MRI without contrast. Review for medical necessity.

The criteria for a repeated MRI of the spine are a qualitative change in the patient's symptoms, physical findings or other tests, such as electrophysiological tests, which suggest an anatomical change that would be observable on MRI and which would meaningfully affect clinical decisions concerning the patient's clinical care. The medical records submitted do not indicate a qualitative change in symptoms or physical findings. The intensity of pain is expected to fluctuate with time, sometimes quite widely. Without some change in quality, however, such changes do not ordinarily herald anatomic changes which would affect therapy. Routine repeat MRI's in patients who are clinically stable are also not justified.

Conclusion/Decision to Not Certify:
Do not certify the requested repeated MRI examination of the thoracic and lumbar spine.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
The usual selection criteria for MRI of the spine are:
1. Clinical suspicion of a spinal cord or cauda equina compression syndrome; or
2. Primary spinal bone tumors or suspected vertebral, paraspinal, or intraspinal metastases; or
3. Suspected infectious process (e.g., osteomyelitis epidural abscess of the spine or soft tissue; or
4. Suspected spinal fracture and/or dislocation secondary to trauma (if plain films are not conclusive); or
5. Suspected spinal cord injury secondary to trauma; or
6. Follow-up of evaluation for spinal malignancy or spinal infection; or
7. Suspected transverse myelitis; or
8. Known or suspected myelopathy (e.g., multiple sclerosis) for initial diagnosis when MRI of the brain is negative or symptoms mimic those of other spinal or brainstem lesions; or

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9. Congenital anomalies or deformities of the spine; or
10. Instability and degenerative disease of the spine which has not responded to 4 weeks of conservative therapy*; or
11. Persistent back or neck pain with or without radiculopathy with no improvement after 4 weeks of conservative therapy*; or
12. Rapidly progressing neurological deficit, or major motor weakness; or
13. Clinical evidence of spinal stenosis; or
14. Evaluation of recurrent symptoms after spinal surgery; or
15. Evaluation prior to epidural injection to rule out tumor or infection and to delineate the optimal anatomical location for performing the injection; or
16. Known or suspected primary spinal cord tumors (malignant or non-malignant).

References Used in Support of Decision:

Glass, LS (2004). Occupational Medicine Practice Guidelines, 2nd ed. Beverly Farms, MA: OEM Press, Chapter 8.

Milliman Care Guidelines, Ambulatory Care, 9th edition. http://careweb.careguidelines.com/ed9/ac/

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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. MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to 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.

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Case Analyst: Stacie S ext 577

cc: Requestor
Respondent