



# PROFESSIONAL ASSOCIATES

## Notice of Independent Review Decision

**DATE OF REVIEW:** 02/13/08

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Home healthcare from 05/02/06 through 05/30/06 and 06/16/07 through 06/30/07

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

Board Certified in Orthopedic Surgery

### **REVIEW OUTCOME**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

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.

Home healthcare from 05/02/06 through 05/30/06 – Upheld - 5760.00

Home healthcare from 06/16/07 through 06/30/07 – Upheld - 2880.00

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Operative reports from, M.D. dated 11/21/94, 05/11/99, and 01/13/03

X-rays of the cervical spine and chest interpreted by, M.D. dated 11/21/94  
Evaluations with Dr. dated 10/15/98, 11/02/98, 01/07/99, 03/11/99, 05/11/99, 06/23/99, 09/23/99, 11/16/99, 02/23/00, 05/16/00, 07/19/00, 09/20/00, 11/22/00, 01/18/01, 04/05/01, 06/21/01, 09/20/01, 01/17/02, 04/04/02, 05/30/02, 07/03/02, 07/20/02, 08/16/02, 09/03/02, 09/26/02, 12/18/02, 01/02/03, 01/08/03, 01/09/03, 01/18/03, 01/27/03, 01/28/03, 02/12/03, 02/15/03, 04/03/03, 06/05/03, 09/11/03, 12/18/03, 02/03/04, 03/11/04, 06/15/04, 09/29/04, 11/23/04, 12/02/04, 01/06/05, 04/07/05, 06/09/05, 09/08/05, 01/19/06, 04/04/06, 05/18/06, 07/25/06, 08/16/06, 11/02/06, 02/01/07, 03/06/07, 03/09/07, 05/10/07, 05/11/07, 07/05/07, 09/13/07, and 12/20/07

X-rays of the cervical spine interpreted by, M.D. dated 10/15/98

Cervical and lumbar MRIs interpreted by, M.D. dated 10/26/98

An evaluation with, M.D. dated 01/18/99

Letters from, Technical Claims Specialist, dated 03/02/99, 03/29/06, 06/21/06, 07/06/06, 09/14/06, and 11/28/07

X-rays of the cervical spine and chest interpreted by, M.D. dated 05/11/99

Phone calls to Dr. from the patient dated 07/12/99, 07/14/99, 12/26/02, 12/27/02, 02/12/03, and 10/21/03

A note from, R.N. dated 09/22/99

X-rays of the cervical spine interpreted by, M.D. dated 09/23/99

A Designated Doctor Evaluation with, D.C. dated 01/06/00

An impairment rating evaluation with, M.D. dated 02/04/00

Prescriptions from Dr. dated 02/23/00, 02/17/06, 04/12/06, 06/19/07, and 11/06/07

X-rays of the cervical spine interpreted by, M.D. dated 02/23/00

Letters from, M.Ed., C.R.C. dated 04/13/00 and 04/26/00

A TWCC-73 form from Dr. dated 04/18/00

A letter from, M.D. dated 05/10/00

A letter from, M.D. dated 06/07/00

Letters from Dr. dated 05/16/00, 01/17/02, 09/05/02, 02/27/03, 06/17/03, 09/12/03, 10/28/03, 03/30/04, 06/15/04, 09/30/04, 12/16/04, 03/23/05, 06/10/05, 09/08/05, 12/12/05, and 03/23/06

Designated Doctor Evaluations with, M.D. dated 10/09/00 and 10/05/07

Impairment rating evaluations with I, D.O. dated 11/10/00 and 04/23/01

An MRI of the cervical spine interpreted by, M.D. dated 12/18/00

An impairment rating evaluation with, M.D. dated 01/11/01

EMG/NCV studies interpreted by, M.D. dated 03/21/01 and 09/08/06

A lumbar discogram CT scan interpreted by, M.D. and, M.D. dated 04/29/02

Required Medical Evaluations (RMEs) with, M.D. dated 06/03/02, 08/25/04, and 08/09/06

Evaluations with, M.D. dated 07/05/02, 07/20/02, 03/28/06, 10/18/06, 07/31/07, 08/07/07, and 09/26/07

X-rays of the chest interpreted by, M.D. dated 07/05/02

X-rays of the lumbar spine interpreted by, M.D. dated 07/20/02

An x-ray of the chest interpreted by, M.D. dated 07/20/02

Nursing progress notes from, R.N. dated 08/02/02

X-rays of the thoracic spine interpreted by Dr. (no credentials were listed) dated 08/12/02

An MRI of the lumbar spine interpreted by, M.D. dated 09/18/02

A physical therapy evaluation with an unknown therapist (signature was illegible) dated 10/17/02

Physical therapy with, P.T. dated 10/17/02

Physical therapy with, P.T.A., , L.P.T.A., and, P.T.A. dated 10/21/02, 10/23/02, 10/24/02, 10/30/02, 11/01/02, 11/05/02, 11/06/02, 11/07/02, 11/13/02, 11/15/02, 11/18/02, 11/19/02, 11/22/02, 11/25/02, 11/27/02, 12/02/02, 12/04/02, 12/06/02, 12/09/02, 12/13/02, 12/16/02, 12/17/02, 12/20/02, 12/23/02, and 12/26/02

X-rays of the lumbosacral spine interpreted by, M.D. dated 12/26/02

Physician's orders from Dr. dated 12/30/02 and 03/05/07

A Peer Review Analysis from, M.D. dated 01/10/03

Chest x-rays interpreted by, M.D. dated 01/13/03

An operative report from Dr. (no credentials were listed) dated 01/13/03

A CT scan of the abdomen and pelvis interpreted by Dr. dated 02/13/03

A CT-Guided abscess drainage interpreted by an unknown provider (no name or signature was available) dated 02/20/03

An evaluation with, M.D. dated 08/11/03

A letter of denial from, Utilization Review Services, dated 08/13/03

X-rays of the lumbar spine interpreted by, M.D. dated 09/11/03

An evaluation with, M.D. dated 12/02/03

A TWCC-73 form from Dr. dated 04/24/04

Evaluations with Dr. dated 04/28/04 and 05/20/04

Evaluations with, M.D. dated 06/17/04, 08/19/04, 11/11/04, 02/10/05, 09/29/05, 10/13/05, 02/16/06, 06/16/06, 09/15/06, 01/05/07, and 08/23/07

Behavioral health assessments with, Ph.D. dated 07/07/04 and 02/16/06

An operative report from Dr. dated 08/16/04

A Functional Capacity Evaluation (FCE) with, M.P.T. dated 08/30/04

Procedure notes from Dr. dated 09/08/04, 03/09/05, 03/23/05, and 04/20/05

An evaluation with an unknown nurse (signature was illegible) dated 09/08/04

An evaluation with, R.N. dated 11/29/04

PLN-11 forms from the insurance carrier dated 01/06/05, 06/16/06, 09/01/06, and 09/12/07

A letter from Dr. dated 01/16/05

Prescriptions from dated 01/18/05 and 10/04/06

Evaluations with, R.N. dated 01/25/05, 03/24/05, 09/26/05, 01/26/06, 06/12/06, and 09/13/06

Bills for home care from dated 01/31/05, 08/31/05, 11/30/05, and 12/31/05

An evaluation with, D.O. dated 03/04/05

Evaluations with, R.N. dated 05/27/05, 07/27/05, 10/05/06, 01/11/07, 09/14/07, and 09/17/07

Nursing notes from, R.N. dated 12/14/05, 01/19/06, 03/23/07, and 11/12/07

A Field Investigator Activity Check Report from Ms. dated 01/09/06

An RME with, M.D. dated 01/17/06

Letters from and dated 03/07/06, 05/15/06, 05/25/06, 05/30/06, 06/15/06, 06/16/06, 06/30/06, 07/15/06, 07/31/06, 09/18/06, 03/05/07, 07/20/07, 07/27/07, 09/20/07, and 12/17/07

A Prospective Review from, M.D. dated 04/24/06

A letter from, M.D. dated 05/02/06

Psychotherapy with Dr. dated 05/02/06 and 05/10/06

Invoices for services dates of 05/02/06 through 05/30/06, 06/01/06 through 06/15/06, 06/16/06 through 06/30/06, 07/01/06 through 07/15/06, 07/16/06 through 07/31/06, 08/01/06 through 08/15/06, 08/16/06 through 08/31/06, 09/01/06 through 09/15/06, 09/16/06 through 09/30/06, 10/01/06 through 10/31/06, 11/01/06 through 11/30/06, 12/01/06 through 12/31/06, 01/01/07 through 01/31/07, 02/01/07 through 02/28/07, 03/01/07 through 03/31/07, 04/01/07 through 04/30/07, 05/01/07 through 05/31/07, 06/01/07 through 06/30/07, 06/16/07 through 06/30/07, 07/01/07 through 07/31/07, 08/01/07, 08/02/07 through 08/05/07, 08/06/07 through 08/12/07, 08/13/07 through 08/19/07, 08/20/07 through 08/26/07, 10/22/07 through 10/28/07, and 12/17/07 through 12/23/07

A letter of approval from, Utilization Review Nurse at, dated 05/03/06

A letter of denial, according to the ODG, from, M.D. dated 05/10/06

A letter of non-authorization, according to the ODG and ACOEM Guidelines, from dated 05/10/06

Requests for travel reimbursements dated 05/24/06 and 06/22/06

Prescriptions from Mr. at. dated 05/24/06 and 06/22/06

Phone record notes dated 05/26/06, 06/02/06, 06/06/06, and 06/22/06

A letter from, Ombudsman, dated 06/15/06

Video surveillance of the patient from Investigations dated 06/26/06 and 07/31/06

Letters of denial, according to the ACOEM Guidelines, from Ms. dated 08/31/06 and 09/07/06

An MRI of the cervical spine interpreted by Dr. dated 09/12/06

X-rays of the cervical spine interpreted by, M.D. dated 11/02/06

A CPM refill guide dated 12/21/06

X-rays of the cervical and lumbar spines interpreted by, M.D. dated 03/06/07

Communications call logs dated 03/06/07, 03/07/07, and 03/12/07

X-rays of the thoracic spine interpreted by Dr. dated 05/10/07 and 09/13/07

A peer review from, M.D. dated 06/14/07

A letter of approval from at dated 06/22/07

An MRI of the thoracic spine interpreted by, M.D. dated 06/26/07

A letter of approval, according to the ODG, from, M.D. dated 07/24/07

A letter of approval, according to the ODG, from, M.D. dated 08/01/07

A letter of approval from, Utilization Review Nurse at, dated 08/02/07

X-rays of the chest interpreted by, M.D. dated 08/04/07

Invoices for payment of services dated 08/08/07, 08/27/07, 09/03/07, 09/10/07, 09/17/07, 09/24/07, 10/01/07, 10/08/07, 10/15/07, 10/29/07, 11/05/07, 11/12/07, 11/19/07, 11/26/07, 12/03/07, and 12/10/07

An order form from, M.D. dated 08/15/07

A procedure note from Dr. dated 08/22/07

A special procedure form from Dr. dated 08/22/07  
A personal information note dated 08/22/07  
A nursing admittance history dated 08/22/07  
An emergency nursing record from an unknown nurse (signature was illegible) dated 08/22/07  
A discharge note from, R.N. dated 08/22/07  
A post procedure note from Dr. dated 08/22/07  
X-rays of the chest and thoracic spine interpreted by Dr. (no credentials were listed) dated 08/23/07  
A discharge summary from an unknown provider (signature was illegible) dated 08/23/07  
A letter from, M.D. dated 08/28/07  
X-rays of the lumbar spine interpreted by Dr. dated 09/13/07  
An MR angiogram/renal MRI interpreted by, M.D. dated 09/20/07  
A CT scan of the head interpreted by Dr. dated 09/20/07  
X-rays of the chest interpreted by Dr. (no credentials were listed) dated 09/26/07  
Laboratory studies dated 09/26/07, 09/27/07, 09/29/07, and 10/02/07  
Discharge summaries from Dr. dated 09/26/07 and 10/02/07  
A chest x-ray interpreted by Dr. (no credentials were listed) dated 09/27/07  
A letter of denial from, Utilization Review Intake Agent at Management, dated 09/28/07  
An MRI of the lumbar spine interpreted by Dr (no credentials were listed) dated 09/29/07  
A chest x-ray interpreted by Dr. (no credentials were listed) dated 09/29/07  
A procedure note from Dr. (no credentials were listed) dated 09/30/07  
A pathology report interpreted by, M.D. dated 09/30/07  
X-rays of the right knee interpreted by Dr. dated 10/02/07  
A home health certification and plan of care from an unknown nurse (signature was illegible) dated 11/02/07  
A speech therapy evaluation and treatment plan from an unknown therapist (signature was illegible) dated 11/08/07  
An evaluation with an unknown social worker (signature was illegible) dated 11/08/07  
An occupational therapy evaluation with an unknown therapist (signature was illegible) dated 11/08/07  
Skilled nursing visit notes from (no credentials were listed) dated 11/09/07 and 11/12/07  
Letters from at, P.C. Attorneys at Law dated 11/30/07 and 01/14/08  
An IRO request dated 01/04/08  
The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

On 11/21/94, Dr. performed an anterior cervical discectomy and fusion at C3-C4 and C4-C5. On 10/15/98, Dr. recommended a cervical MRI. X-rays of the cervical spine interpreted by Dr. on 10/15/98 revealed degenerative changes of

the lower cervical spine. Cervical and lumbar MRIs interpreted by Dr. on 10/23/98 revealed multilevel disc protrusions and degenerative changes in both the cervical and lumbar spines. Another cervical surgery was performed by Dr. on 05/11/99. On 11/16/99, Dr. provided the patient with a 25% whole person impairment rating and placed him at Maximum Medical Improvement (MMI). On 01/12/00, Dr. placed the patient at MMI with a 41% whole person impairment rating. On 10/09/00, Dr. gave the patient a 27% whole person impairment rating. On 11/10/00, Dr. placed the patient with a 43% whole person impairment rating. An MRI of the cervical spine interpreted by Dr. on 12/18/00 revealed a solid fusion at C3 through C7 with a disc protrusion at C2-C3. An EMG/NCV study interpreted by Dr. on 03/21/01 revealed chronic L5 and chronic C5 and C6 radiculopathy. On 09/20/01, Dr. recommended aquatic therapy with an aquatic belt. A lumbar discogram CT scan interpreted by Dr. on 04/29/02 revealed very concordant pain at L4-L5 and mild concordant pain at L2-L3 with multilevel degenerative facet disease. On 07/20/02, Dr. performed a lumbar laminectomy and discectomy. An MRI of the lumbar spine interpreted by Dr. on 09/18/02 revealed postoperative changes at L2 through L5. Physical therapy was performed with various providers from 10/21/02 through 12/26/02 for a total of 25 sessions. Lumbar surgery was performed by Dr. on 01/13/03. X-rays of the lumbar spine interpreted by Dr. on 09/11/03 revealed surgical changes with a bridging L2 fracture. On 03/11/04, Dr. provided a new TLSO brace. On 08/16/04, Dr. performed a trial intrathecal catheter for continuous infusion and pump. On 01/06/05, the insurance carrier denied left flank and left lumbar muscle pain. On 03/09/05, 03/23/05, and 04/20/05, Dr. performed lumbar epidural steroid injections (ESIs). On 09/26/05, Ms. refilled the intrathecal pump. On 04/04/06, Dr. recommended transportation for doctor visits and a motorized scooter. On 04/24/06, Dr. wrote a letter of non-certification for 24 hour home health aide. Psychotherapy was performed with Dr. on 05/02/06 and 05/10/06. On 05/10/06, Dr. wrote a letter of denial, according to the ODG, for the 24 hour home health aide. Video surveillance obtained on 06/26/06 indicated the patient wore a back brace and used a walking cane. On 07/25/06, Dr. recommended an EMG/NCV study. On 09/01/06, the insurance carrier denied the diagnosis of osteoporosis as being related to the original injury. An EMG/NCV study interpreted by Dr. on 09/08/06 revealed chronic S1 radiculopathy and mild axonal sensory polyneuropathy. An MRI of the cervical spine interpreted by Dr. on 09/12/06 revealed spondylosis at C2-C3. On 09/15/06 and 08/23/07, Dr. reprogrammed the pump. On 05/10/07, Dr. recommended pain management and physical therapy. X-rays of the thoracic spine interpreted by Dr. on 05/10/07 revealed a T11 compression with slight wedge deformity at T12. An MRI of the thoracic spine interpreted by Dr. on 06/26/07 revealed a compression fracture at T11. On 07/05/07, Dr. recommended a vertebroplasty. On 07/24/07, Dr. wrote a letter of approval for the vertebroplasty. On 08/22/07, Dr. performed a T11 vertebroplasty and T12 ESI. Thoracic x-rays interpreted by Dr. on 09/13/07 revealed new compression fractures at T8 and T9. On 09/17/07, Ms. reprogrammed the intrathecal pump. An EGD was performed by Dr. on 09/30/07.

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

This is an individual with significant residual functional capacity. He is not paralyzed. While he may have significant pain complaints, he is capable of household ambulation. He is capable of some self care. There is no documentation in this record indicating that this gentleman needs a full time caregiver. If you look at the physical examination performed in August 2006, as well as in October 2007, the patient has muscle function in all dermatomes tested. While he has some inability and could not work, there is no evidence that he requires full time home healthcare. Therefore, in my opinion, home healthcare from 05/02/06 through 05/30/06 and 06/17/07 through 06/30/07 was neither reasonable nor necessary.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**