Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor=s Name and Address: Dr. Ricky Hanks 11411 E. Northwest Highway, Suite 107 Dallas, Texas 75218	MDR Tracking No.: M5-06-2130-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: American Home Assurance Rep Box # 19	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: Per the Table of Disputed Services "Conservative management of his condition shows changes in his objective findings. Improvements in pt.'s ROM…Returned to work without surgery & has not returned to office since 11/3/2005."

Principle Documentation:

1. DWC 60/Table of Disputed Services
2. CMS 1500's
3. Explanation of Benefits

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: "After review of this request, all services noted on the Table of disputed services were denied as unnecessary medical ANSI "50" with the exception of dates of services rendered 08/30/05 through 09/22/05 which were paid in accordance with the Medicare guidelines."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
08-30-05	98941 (1 unit @ $47.21)	☒ Yes ☐ No	$47.21
08-30-05	97110 (1 unit @ $36.14 X 2 units)	☒ Yes ☐ No	$72.28
08-30-05	97032 (1 unit @ $20.53)	☒ Yes ☐ No	$20.53
08-29-05 to 11-03-05	L0515, 97140, 97112, 98941 (except for DOS 08-30-05), 97110 (except for DOS 08-30-05), 97032 (except for DOS 08-30-05) and E0730	☐ Yes ☒ No	$0.00
	TOTAL DUE		$140.02

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the Requestor and Respondent.

The Division has reviewed the enclosed IRO decision and determined that the Requestor **did not prevail** on the **majority** of the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1 and 134.202(c)(1)
Texas Labor Code, Sec. 413.031 and 413.011 (a-d)

PART VII: DIVISION FINDINGS AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor is entitled to reimbursement in the amount of $140.02. In addition, the Division finds that the Requestor was not the prevailing party and is not entitled to a refund of the IRO fee. The Division hereby **ORDERS** the Respondent to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Order by:

		10-25-06
Authorized Signature	Typed Name	Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. 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. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

CompPartners Final Report

URAC ACCREDITED EXTERNAL REVIEW

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ___
Texas IRO # : ___
MDR #: M5-06-2130-01
Social Security #:
Treating Provider: Ricky Hanks, DC
Review: Chart
State: TX
Date Completed: 10/5/06
Date Amended: 10/12/06

Review Data:

- **Notification of IRO Assignment dated 9/20/06, 1 page.**
- **Receipt of Request dated 9/20/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 8/9/06, 2 pages.**
- **Table of Disputed Services dated 11/3/05, 11/2/05, 10/25/05, 10/24/05, 10/19/05, 10/17/05, 10/14/05, 10/13/05, 10/12/05, 10/8/05, 10/6/05, 10/5/05, 10/4/05, 10/3/05, 10/1/05, 9/30/05, 9/28/05, 9/27/05, 9/26/05, 9/23/05, 9/22/05, 8/30/05, 8/29/05, (date unspecified), 41 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Letter dated 9/25/06, 5/10/06, 11/20/05, 9/3/05, 1/26/05, 11 pages.**
- **Consultation dated 8/29/05, 8/27/05, 5 pages.**
- **Office Visit dated 11/3/05, 11/2/05, 10/25/05, 10/24/05, 10/19/05, 10/17/05, 10/14/05, 10/13/05, 10/12/05, 10/8/05, 10/6/05, 10/5/05, 10/4/05, 10/3/05, 10/1/05, 9/30/05, 9/28/05, 9/27/05, 9/26/05, 9/23/05, 9/22/05, 8/30/05, 22 pages.**
- **Procedure Request dated 9/8/05, 1 page.**
- **Functional Capacity Evaluation dated 9/4/05, 1 page.**
- **Functional Abilities Evaluation dated 9/2/05, 14 pages.**
- **Article on Transcutaneous Never Stimulator (date unspecified), 1 page.**
- **Case Review dated 10/25/05, 10/24/05, 1 page.**
- **Independent Review Organization Summary dated 9/25/06, 2 pages.**
- **Employer's First Report of Injury or Illness dated 8/28/05, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 9/19/05, 8/29/05, 2 pages.**
- **Cervical, Thoracic and Lumbosacral Spine X-ray dated 8/29/05, 1 page.**
- **Medical History Form dated 9/15/05, 1 page.**
- **Lumbar Spine MRI dated 9/15/05, 2 pages.**
- **Lower Extremity Electrodiagnostic Study dated 9/28/05, 3 pages.**
- **Explanation of Benefits dated 11/3/05, 11/2/05, 10/25/05, 10/24/05, 10/19/05, 10/17/05, 10/14/05, 10/13/05, 10/12/05, 10/8/05, 10/6/05, 10/5/05, 10/4/05, 10/3/05, 10/1/05, 9/30/05, 9/28/05, 9/27/05, 9/26/05, 9/23/05, 9/22/05, 8/30/05, 8/29/05, 9 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for:

1. 98941 – Chiropractic manual treatment.
2. 97140-59 – Manual therapy technique.
3. 97110-Therapeutic Exercises.
4. 97112-Neuromuscular re-education.
5. 97032-Electrical Stimulation.
6. 97140-Manual therapy technique.
7. L0515-LSO Flex Elas.
8. E0730-RR - TENS Lead
9. 99213 - Office Visit
10. 97116 - Gait Training

Dates of service 8/29/05 – 11/3/05

Determination:

1. a) REVERSED - 98941 – Chiropractic manual treatment for dates of service of August 30, 2005.
b) UPHELD - 98941 – Chiropractic manual treatment for dates of service of September 23, 26, 27, 28, 30, 2005; October 1, 3, 4, 5, 6, 8, 12, 13, 14, 17, 19, 24, and 25, 2005; November 3, 2005.

2. UPHELD - 97140-59 - Manual therapy technique. Dates of service 8/29/05 – 11/3/05.

3. a) REVERSED – 97110 - Therapeutic exercises for dates of service August 30, 2005.
b) UPHELD - 97110 - Therapeutic exercises dates of service of September 23, 27, 28, 30, 2005; October 1, 3, 4, 5, 6, 8, 12, 13, 14, 17, 19, 24, 25, 2005; November 2, and 3, 2005.

4. UPHELD – 97112 - Neuromuscular re-education. Dates of service 8/29/05 – 11/3/05.

5. a) REVERSED – 97032 - Electrical stimulation for dates of service of August 30, 2005.
b) UPHELD – 97032 - Electrical stimulation for dates of service from September 23, 27, 28, 30, October 1, 3, 4, 5, 6, 8, 12, 13, 14, 17, 19, 24, 25, November 2, and 3, 2005.

6. UPHELD – 97140 - Manual therapy technique. Dates of service 8/29/05 – 11/3/05.

7. UPHELD – L0515 - LSO Flex Elas (Lumbar support), date of service 8/29/05.

8. **UPHELD** – E0730-RR - TENS Lead, date of service 9/23/05.

9. UPHELD – 99213 - Office Visit, date of service 11/2/05.

10. UPHELD – 97116 - Gait Training, date of service 11/2/05.

Rationale:

Patient's age: 24 years
Gender: Male
Date of Injury:
Mechanism of Injury: Lifting produce weighing approximately 45 pounds.

Diagnoses: Lumbosacral sprain strain, sprain strain of thoracic spine, displacement of lumbar intervertebral (IVD), muscle spasms, sciatica, and parasthesias of the lower extremity.

The patient was evaluated by a chiropractic provider, Ricky Hanks, DC. The initial examination and history report was missing the last page with the date and signature. This report indicated that the patient was experiencing constant severe pain in the area of the lumbar spine, bilateral sciatic regions and bilateral gluteal regions, with restricted movements. He was also having constant severe upper back pain. He rated his pain 7/10 in the low back, 6/10 in the upper back and 6/10 sciatica pain. He is right hand dominant and stands 5'8" tall weighing 190 pounds, with a muscular/athletic build. On examination, there was swelling and joint displacements with fixations noted in the lumbar spine and left SI joint. Positive orthopedic testing results included Bechterews bilaterally, double leg raise sign bilaterally, hip abduction stress test bilaterally, iliac compression test bilaterally, Kemp's test bilaterally and Lasegue's test bilaterally. Range of motion of the lumbar spine was flexion 50/90, extension 15/30 degrees, right lateral flexion 20/35 degrees, left lateral flexion 1/35 degrees, right rotation 20/30 degrees and left rotation 5/30 degrees. Thoracic range of motion was flexion 40/60 degrees, right rotation 20/30 degrees and left rotation 15/30 degrees. He had 2+ deep tendon reflexes except for lower extremities revealed diminished grade 1 bilaterally, in the patellar and Achilles reflexes. There was no indication of muscle testing deficits or dermatomal sensation deficits documented in a specific dermatomal pattern. The daily notes indicated that he was seen on 8/29/05, for examination and then seen on 8/30/05 two times in one day. He noted on the first visit of that date that he was worse after his last visit, with 8/10 pain and spasms in the low back and 7/10 pain in the upper back with 6/10 sciatica pain. He was given kinetic therapy, manual therapy, exercises, cold therapy, interferential therapy, and adjustments. He was the same subjectively on the second visit of that date. He was given temporary total disability (TTD) status from 8/29/05 to 9/12/05. There was an order for a Functional Capacity Evaluation (FCE) to be performed as requested on 9/8/05. Oddly, the actual FCE was dated 9/2/06, and revealed he was functioning in the light duty category for a medium duty work demand level as a department manager. The notes then began again on 9/22/05, he was improved to pain in the lumbar and upper back areas rated 5/10 and sciatica pain at 4/10. Objectively, he had muscle spasms and subluxations in the thoracic and lumbar spine noted, as well as the posterior ilium area on the left. He received interferential stimulation, manipulation, kinetic activity, range of motion exercises, and manual applied traction postural reduction, as well as cold pack therapy. He was the same on 9/23/05, and received the same treatments. On 9/26/06, he was unchanged and received the same treatments. On 9/27/05, he was worse after the last visit with an increase in pain in the low back and sciatica complaints to a 6/10 in low back and upper back was 4/10, with sciatica at now 5/10. He received the same treatments. On 9/28/05, he was the same without significant improvements, and pain was the same with the same treatments provided. The notes indicated that he had an electromyogram/nerve conduction velocity (EMG/NCV) performed on this date. On 9/30/05, he was a little better. On 10/1/05, he was the same with low back pain at 5/10, upper back at 3/10 and sciatica at 4/10. His EMG was negative. On 10/3/05, he was the same. On 10/4/05, he was worse again after the treatments. On 10/5/05, he was even worse, at now low back pain of 7/10, upper back at 5/10 and sciatica pain increased to 7/10. On 10/13/05, he was the same except pain increased again in the upper back to 7/10, and the low back and sciatica were still 7/10. Objectively, he remained unchanged from the initial date of service and the treatments have remained

consistently the same. On 10/14/05, he was slightly improved to 5/10 pain in all areas, with the same objective findings and treatments. A FCE was performed on that date. On 10/24/05 his pain was still 5/10, although the doctor documented he was improved. The objectives were the same as was the treatment. There was a records review performed by Bobby Enkvetchakul, M.D., a board certified occupational medicine specialist, who documented on 11/20/05, that the claimant had at least 32-34 visits over a 2-month period without significant benefits and therefore, it was not reasonable or necessary to continue that treatment plan. The patient's care was reviewed a second time on 3/9/06 by Phillip Osborne, M.D., who allowed treatments from August 29, 30, 31, September 1, 2, 3, 5, 12, 13 and 14, 2005, but felt that the treatments on September 22, 23, 26, 27, 28, 30, October 1, 2, 4, 5, 6, 8, 12, 13, 14, 17, 19, 24, 25, November 2, and 3, 2005 were not reasonable or necessary due to the lack of essential documentation to reflect evidence of objective functional improvement beyond the initial trial of 6 visits (as indicated in the ODG, 11th edition). He further indicated support for the adverse determination by the ACOEM Guidelines, Chapter 12, and the Royal College of General Practioners Clinical Guidelines for the management of acute low back pain. The X-ray reports on 8/29/05 of the cervical spine, revealed only straightening of the cervical lordosis. The thoracic spine revealed a small Schmorl's node at the inferior endplate of T8 and at the lumbar level there was a lumbarized L6 segment with pseudoarthrosis on the left side. The lumbar spine MRI study performed on 9/16/05, revealed a 5 mm central disc herniation which compressed the thecal sac at L4-5, facet synovitis at L3-4 bilaterally, mild intervertebral osteochondrosis at L4-5 and sacralization of L5, with a pseudoarthrosis on the left. This was interpreted by a chiropractic radiologist Darrell Hobson, DC. Please note that there was no mention of the L6 vertebrae by this radiologist, as was mentioned in the plain film report from Robert Longenecker, DC, radiologist. The EMG/NCV study performed on 9/28/05 was normal as interpreted by Jonathan Walker, M.D.

The current request is to determine the medical necessity for disputed services from 8/29/05 to 11/3/05, consisting of:
1) 98941-Chiropractic manipulation (manual treatment). The medical necessity for a trial of care of 6 visits would be appropriate given the Official Disability Guidelines (ODG), 11th Edition recommendations; however, manipulation treatments beyond the 6th visit should be denied due to the failure of documented measurable or demonstratable subjective or objective lasting improvements or benefits. The patient simply waxed and waned with 7-5/10 pain scales and the same objective findings. Over two separate FCE testing dates, he stayed at light duty demand level with no improvements after one month of therapeutic exercises, work conditioning, neuromuscular re-education, kinetic activities, manipulation and passive physical therapy modalities. Therefore, this determination is to uphold denial of treatments from September 23, 26, 27, 28, 30, October 1, 3, 4, 5, 6, 8, 12, 13, 14, 17, 19, 24, 25, November 3, 2005, and certify treatments for Aug 30, 2005 as the trial of manipulative care per ODG, which would be supported by the initial examination findings.

2) 97140-59 Manual therapy technique - one or more regions each 15 minutes. It appears to be either for kinetic activity or manual traction to the lumbar spine. (Note: should not be billed on the same date when a manipulation is performed to the same area, per Blue Cross Participating Chiropractic Manual, page 21.) The medical necessity for this charge was not found within the documentation, due to the fact that there is lack of appropriate documentation describing the actual service, the actual deficit and the actual body area and lack of clinical exception to support providing manual therapy to an area in which has also received a manipulation on that date, as is reflected in the billing and notes. Therefore, this determination is to uphold the denial for the dates of service from Aug. 29, 2005 to November 3, 2005.

3) 97110 - Therapuetic exercises (Note: Per Aetna Clinical Policy Bulletins Number 0325 regarding physical therapy services: It is not medically necessary to perform Kinetic therapy, therapeutic exercises and neuromuscular re-education on the same date). The medical necessity for a trial of therapeutic exercises would be found for 10 physical therapy visits per ODG, 11th Edition. Therefore, certification is given for dates of service of August 30, 2005 for a trial of care. The necessity for this service for dates of service of September 23, 27, 28, 30, October 1, 3, 4, 5, 6, 8, 12, 13, 14, 17, 19, 24, 25, November 2, and 3, 2005 would not be proven medically necessary due to failure of the patient to respond with significant measurable or demonstratable improvements, both objectively or subjectively. He should be able to perform home exercises.

4) 97112 - Neuromuscular re-education (Note: Per Aetna Clinical Policy Bulletins Number 0325 regarding physical therapy services: It is not medically necessary to perform Kinetic therapy, therapeutic exercises and neuromuscular reeducation on the same date). The medical necessity for this service was not found and therefore, this reviewer finds that the decision for denial is upheld regarding the dates of service in question. This claimant did not have any muscle weakness documented, no dermatomal pattern sensation deficits were specifically documented, there was no paralysis, there was no gait disturbance or balance disturbance noted and additionally, this procedure would not be supported as a medical necessity on the same date as therapeutic exercises.

5) 97032 Electrical stimulation - The medical necessity for this passive care modality would be found for the first 10 visits per ODG, 11th Edition regarding physical therapy for the thoracic and lumbar spine sprain strains. Therefore, the decision to reverse the determination to certification for dates of service of August 30, 2005 for a trial of care provided would be reasonable. The

dates of service for September 23, 27, 28, 30, October 1, 3, 4, 5, 6, 8, 12, 13, 14, 17, 19, 24, 25, November 2, and 3, 2005 would be upheld as a denial if billed, due to the lack of evidence of lasting benefits with measurable or demonstratable improvements either subjectively or objectively. The patient should have been transitioned to home exercises by that time.

6) 97140 - Manual therapy technique - one or more regions each 15 minutes. It appears to be either for kinetic activity or manual traction to the lumbar spine. (Note: should not be billed on the same date when a manipulation is performed to the same area per Blue Cross Blue Shield Participating Chiropractic Manual page 21.) The medical necessity for this charge was not found within the documentation due to the fact that there is lack of appropriate documentation to support providing manual therapy to an area in which has also received a manipulation on that date as is reflected in the billing and notes. Therefore, this determination is to uphold the denial for the dates of service from August 29, 2005 to November 3, 2005. Additionally, there was no evidence of lasting benefits from this excessive treatment plan and therefore, no medical necessity proven.

7) L0515-LSO Flex Elas (Lumbar support). The ACOEM Guidelines, Chapter 12, regarding low back does not support the efficacy of lumbar supports. Therefore, this denial would be upheld.

8) E-0730-RR TENS unit lead on 9/23/05. The medical necessity for this request is not found with reference to the ACOEM guidelines chapter 12, which indicates TENS unit have lack of efficacy regarding low back complaints, therefore, the TENS unit lead would not be necessary, and the determination is to uphold the denial.

9) 99213-Office visit/EM code on 11/2/05. The medical necessity for this office visit is not found at this time with the available information for this date of service. This claimant was provided a more than adequate trial of care and office visits which have failed to show well documented evidence of curative effects, lasting benefits or lasting relief and therefore would not be medically necessary to continue this chiropractic provider driven care for this office visit. This determination would therefore be to uphold the denial for this date of service and would be supported in the ACOEM guidelines chapter 12 and the Texas Department of Insurance and DWC rules and regulations.

10) 97116-Gait training on 11/2/05. The medical necessity for this request is not clinically established. The documentation received would not support medical necessity for gait training specifically as there is no indication of impaired ability to walk or that he is impaired by neurological, muscular or skeletal abnormality specifically. Therefore, this determination is to uphold denial.

Other references which would uphold the denial of treatments indicated above include the ACOEM Guidelines, Chapter 6, page 115, which indicates that if a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed in order to identify incorrect or missed diagnoses. Further treatment should be appropriate for the diagnosed condition and should not be performed simply because of continued reports of pain. Additionally, the ACOEM Guidelines, Chapter 8, page 173 indicates manipulation should not be used for pain control alone. Lastly, the Texas Department of Insurance Rules and DWC rules and regulations were taken into consideration regarding these determinations listed above. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment. The treatments beyond the initial trial of care failed to provide curative effects or lasting relief, did not promote recovery as the pain scales stayed consistently from 7 to 5 and 7 again and did not enhance the claimant to return to or retain his employment as the FCE's determined he was still at light duty demand levels despite treatments provided over the first month of trial of care.

Criteria/Guidelines utilized:

1) Texas Department of Insurance Rules and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment.

2) ODG, 11th edition online version regarding low back and thoracic spine sprain strain diagnoses. a) Physical Therapy Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT 10 visits over 8 weeks b) Chiropractic Guidelines: Therapeutic care -- Mild: up to 6 visits over 2 weeks Severe: Trial of 6 visits over 2 weeks Severe: With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity Elective care -- As needed

3) The ACOEM Guidelines, Chapter 12, 8 and Chapter 6, page 115.

4) The Aetna Clinical Policy Bulletins Number 0325 regarding physical therapy services: It is not medically necessary to perform Kinetic therapy, therapeutic exercises and neuromuscular reeducation on the same date.

5) Blue Cross Blue Shield Participating Chiropractic Manual page 21 regarding manual therapy and manipulation should not be performed on the same date to the same body area.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.

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, requestor, claimant and the Division via facsimile or U.S.
Postal Service from the office of the IRO on this
day of October 12, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee ***Lee-Anne Strang***