

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-9316.M2



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:
IRO CASE NUMBER: M2-05-1866-01
NAME OF REQUESTOR:
NAME OF PROVIDER: James Cable, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 07/27/05

Dear ____:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for Texas Workers' Compensation Commission (TWCC) to randomly assign cases to IROs, TWCC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for determination prior to referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An evaluation with Shawn Stussy, M.D. dated 08/23/04

Follow-up notes from Dr. Stussy dated 08/30/04 and 09/07/04

An initial evaluation and plan of care from Flint Physical Therapy and Hand Center dated 09/08/04 from an unknown provider (the signature was illegible)

Therapy notes dated 09/08/04, 09/09/04, 09/10/04, 09/14/04, 09/15/04, 09/17/04, 09/20/04, 09/21/04, and 09/22/04 with the unknown physical therapist

Another follow-up note dated 09/29/04 from Dr. Stussy

An MRI of the thoracic spine performed on 10/05/04 and interpreted by Robert Mack, M.D.

An MRI of the lumbar spine obtained on 10/05/04 and interpreted by Dr. Mack

Another follow-up visit with Dr. Stussy dated 10/25/04

An evaluation by James Cable, M.D. at Texas Back Institute Garland dated 01/11/05

An initial physical therapy assessment dated 01/19/05 from Darryl Hague, P.T.

Therapy notes from Mr. Hague on 01/19/05, 01/20/05, 01/24/05, 01/26/05, 01/27/05, 01/31/05, 02/02/05, 02/03/05, 02/14/05, 02/16/05, and 02/17/05

A discharge note dated 02/21/05 from Mr. Hague.

A follow-up progress note from Dr. Cable dated 03/29/05

A preauthorization notice from IMO dated 04/25/05

Another preauthorization notice from IMO dated 04/27/05

A follow-up note from Dr. Cable dated 05/06/05

A TWCC-73 form signed by Terry Knight, F.N.P. on 05/12/05

A preauthorization note from IMO dated 05/17/05

A Designated Doctor Evaluation dated 05/25/05 from John Sklar, M.D.

Clinical History Summarized:

On 08/23/04, Dr. Stussy evaluated the claimant and diagnosed her with a thoracic strain. She was placed on a Steripred Dosepak and given samples of Skelaxin and Ultracet. On 09/08/04, the unknown therapist prescribed the claimant therapy three times a week for three weeks to include unknown treatment (it was illegible). From 09/08/04 through 09/22/04, the claimant attended therapy with the unknown therapist. He received therapeutic activities, hot pack, and ultrasound. The MRI of the thoracic spine dated 10/05/04 revealed a minimal disc bulge at T7-

T8. The lumbar MRI dated 10/05/04 was normal. On 10/25/04, Dr. Stussy reviewed the claimant's MRIs and he was referred to a neurosurgeon, although he advised the claimant that there did not honestly appear to be anything that needed to be surgically repaired. On 01/11/05, Dr. Cable evaluated the claimant and he felt the claimant had degenerative disc disease or internal disc disruption at T7-T8. He recommended more aggressive physical therapy for the next three to six weeks and felt the claimant might be a candidate for discography if he failed the therapy. The claimant attended therapy from 01/19/05 through 02/17/05 with Mr. Hague. Mr. Hague discharged the claimant in therapy on 02/21/05, as his prescription had expired and he was to continue with a home exercise program. On 03/29/05, Dr. Cable noted therapy was not helpful to the claimant and a three level discogram at T6-T7, T7-T8, and T8-T9 was recommended. On 04/25/05, IMO provided a preauthorization notice denying the thoracic discogram with CT scan. On 04/27/05, IMO provided another preauthorization notice denying the thoracic discogram with post discogram CT scan. On 05/06/05, Dr. Cable noted the discogram was justified and was appropriate for the concepts of compensable injury. On 05/17/05, IMO also denied the request of the thoracic discogram, as it was not clinically indicated and there was no medical necessity for it. On 05/25/05, Dr. Sklar performed a Designated Doctor Evaluation and placed the claimant at Maximum Medical Improvement (MMI) and assigned him 5% whole person impairment rating. He felt the claimant's degenerative changes at T7-T8 were most likely not work related and he felt the claimant was static and stationary.

Disputed Services:

A thoracic discogram at T6-T7, T7-T8, and T8-T9 with a post discogram CT scan

Decision:

I agree with the insurance carrier that the thoracic discogram at T6-T7, T7-T8, and T8-T9 with a post discogram CT scan was not reasonable or necessary

Rationale/Basis for Decision:

There was very little scientific evidence to support the use of the discography in the thoracic spine. There was substantial scientific evidence that would show the mild disc bulge this claimant exhibited was consistent with his age and not with his alleged injury. There was insufficient scientific evidence to support the use of discography in the thoracic spine. Therefore, I do not believe the proposed thoracic discogram at T6-T7, T7-T8, and T8-T9 with the post discogram CT scan would be reasonable or necessary as related to the original injury.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 received by the TWCC Chief Clerk of Proceedings/Appeals Clerk **within ten (10) calendar days** of your receipt of this decision (28 Texas Administrative Code 1133.308 (v) (1)).

If disputing other prospective medical necessity (preauthorized) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk **within twenty (20) calendar days** of your receipt of this decision (28 Texas Administrative Code 148.3).

This decision is deemed received by you **five (5) calendar days** after it was mailed (28 Texas Administrative Code 102.5 (d)). A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
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.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, TWCC and the claimant via facsimile or U.S. Postal Service this day of 07/27/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel