



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:**  
**IRO CASE NUMBER:** M2-05-1907-01  
**NAME OF REQUESTOR:** SSI Rehab Solutions, Inc.  
**NAME OF PROVIDER:** Amir S. Malik, M.D.  
**REVIEWED BY:** Board Certified in Orthopedics  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 07/25/05

Dear SSI Rehab Solutions:

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.

The independent review was performed by a matched peer with the treating physician. 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.

**M2-05-1907-01**

**Page Two**

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 from Amir S. Malik, M.D. dated 03/08/05 from UT Physicians

A letter from Dr. Malik addressed to Sergio Francis, M.D. dated 03/29/05

A letter To Whom It May Concern on 04/07/05 from Dr. Malik

An operative report dated 04/22/05 from Dr. Malik

A utilization review notice dated 04/26/05 from Liberty Mutual

Another utilization review notice from Liberty Mutual dated 05/23/05

Another follow-up visit with Dr. Malik dated 06/14/05

#### **Clinical History Summarized:**

There was no Employer's First Report of Injury or Illness for review. On 03/08/05, Dr. Malik evaluated the claimant and felt the claimant's cervical disease was more concerning than the lumbar disease. A CT scan of the cervical spine was recommended, as well as a cervical decompression. On 03/29/05, Dr. Malik reviewed the claimant's cervical spine CT scan. Dr. Malik requested an Orthofix bone growth stimulator on 04/07/05, as he felt it would play an important role in the fusion process, which had been recommended at C4-C5 and C5-C6. An operative report dated 04/22/05 was available for review; however, only the last two pages were provided. On 04/26/05, Liberty Mutual denied the requested bone growth stimulator. Liberty Mutual again denied the bone growth stimulator on 05/23/05. On 06/14/05, the claimant was two months status post C4-C5, C5-C6, and C6-C7 anterior cervical discectomy with decompression. He was asked to return in four months for an MRI and physical therapy was ordered. The cervical collar was discontinued.

#### **Disputed Services:**

A bone growth stimulator

**M2-05-1907-01**

**Page Three**

**Decision:**

I disagree with the denial of the bone growth stimulator by the insurance carrier.

**Rationale/Basis for Decision:**

This claimant underwent a three level cervical anterior discectomy and fusion at C4-C5, C5-C6, and C6-C7. Such fusions are fraught with nonunion potential. The healing rate of a multiple level fusion was nowhere near as robust as that for a single level fusion. The peer review documents connected to this case indicate that the reviewers were aware of only a single level anterior discectomy and fusion. This led them to deny what would be an appropriate treatment in a high risk individual.

There has been significant literature support for the use of external bone healing stimulation in a multilevel surgery, such as was performed on this claimant. In my opinion, the bone growth stimulator is reasonable, necessary, and causally 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).

**M2-05-1907-01**

**Page Four**

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 07/25/05 from the office of Professional Associates.

Sincerely,

Lisa Christian  
Secretary/General Counsel