



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:
IRO CASE NUMBER: M2-05-2022-01
NAME OF REQUESTOR: Richard Francis, M.D.
NAME OF PROVIDER: Brian Lee
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 08/04/05

Dear Dr. Francis:

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

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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 MRI of the lumbar spine dated 03/09/02 and interpreted by Michael Wilson, M.D.

A Designated Doctor Evaluation dated 03/20/03 from Sherri Y. James, M.D.

A Required Medical Evaluation (RME) on 09/08/03 from Stephen Esses, M.D., an orthopedic surgeon

Another Designated Doctor Evaluation from Dr. John J. Debender (credentials were not provided) dated 11/21/03

A preauthorization determination from Corvel dated 06/11/04

A preauthorization determination from Corvel dated 05/27/05

Another preauthorization determination dated 06/09/05 from Corvel

A letter from Robert F. Josey from Harris & Harris Attorneys at Law dated 07/12/05

Clinical History Summarized:

An MRI of the lumbar spine dated 03/09/02 was generally unremarkable with some early degenerative change and mild annular bulging of the discs at L4-L5 and L5-S1. Dr. James performed a Designated Doctor Evaluation on 03/20/03 and felt the claimant had not reached Maximum Medical Improvement (MMI), but would on or about 05/20/03. She stated the claimant was pending his fourth injection and if it failed, he would be a surgical candidate. Dr. Esses performed an RME on 09/08/03 and felt the claimant was not a surgical candidate and had reached MMI. On 11/21/03, Dr. Debender performed a Designated Doctor Evaluation and placed the claimant at MMI and assigned him a 5% whole person impairment rating. On 06/11/04, Corvel provided a preauthorization determination, denying a lumbar MRI to be completed by 07/07/04. On 05/26/05, Corvel provided another preauthorization determination, denying a lumbar MRI without contrast to be performed by 07/01/05. On 06/09/05, Corvel denied the request for reconsideration for the lumbar MRI without contrast to be completed by 07/08/05. On 07/12/05, Mr. Josey addressed a letter and noted the claimant was injured on ___ when he slipped and fell. He noted the provider had been unable to provide justification for the medical necessity of the proposed repeat MRI. Mr. Josey also noted the claimant was not a candidate for surgery.

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Disputed Services:

A lumbar MRI without contrast

Decision:

I agree with the insurance carrier that the lumbar MRI without contrast is not necessary

Rationale/Basis for Decision:

The proposed MRI was neither reasonable nor necessary. The claimant's initial MRI showed mild degenerative changes, consistent with his age. Any change in his condition would be due to a disease of life and not due to the slip and fall injury on _____. The electrodiagnostic data that had been provided does not correlate with any physical examination. Any worsening or changes in the claimant's physical examination over the years would not be due to the effects of the slip and fall, but are consistent with the normal aging process. In my opinion as a board certified orthopedic surgeon with a specialty in spinal diseases, the proposed lumbar MRI without contrast was neither reasonable nor medically necessary, as it was part of the original injury and would not be medically reasonable in this instance in any case.

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

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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 08/04/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel