



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:**  
**IRO CASE NUMBER:** M2-05-2067-01  
**NAME OF REQUESTOR:**  
**NAME OF PROVIDER:** Bret Holland, D.O.  
**REVIEWED BY:** Board Certified in Orthopedic Surgery  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 08/12/05 (REVISED 08/16/05)

Dear Mr. \_\_\_\_:

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 Employer's First Report of Injury or Illness dated 09/05/04  
An emergency room record from McKenna Memorial Hospital dated 09/05/04 from an unknown physician (the signature was illegible)  
A work release form dated 09/05/04 and signed by Joseph Paquette, M.D.  
An evaluation by Bret Holland, D.O. dated 09/22/04  
An MRI of the lumbar spine on 09/23/04 and interpreted by Douglas Smith, M.D.  
Physical therapy notes from Occupational Medicine Specialists dated 09/27/04 and 10/01/04 from an unknown therapist (the signature was illegible)  
An evaluation by Charles Murphy, M.D., at Consultants and Pain Medicine, dated 10/19/04  
A follow-up evaluation with Dr. Holland dated 10/22/04  
A follow-up evaluation dated 11/01/04 with Dr. Murphy  
Follow-up visits with Dr. Holland dated 11/08/04, 12/17/04, 01/10/05, 01/24/05, 02/02/05, 02/09/05, 03/02/05, 03/18/05, and 04/20/05  
An additional follow-up visit with Dr. Murphy dated 12/01/04  
An investigation summary dated 01/13/05 and 01/22/05  
A neurosurgical consultation dated 02/07/05 with Lloyd Youngblood, M.D.  
A new patient evaluation dated 03/08/05 from Dmitriy Buyanov, M.D.  
A Required Medical Evaluation (RME) dated 03/18/05 with Charles W. Kennedy, M.D.  
A follow-up visit with Dr. Youngblood dated 04/14/05  
A request for surgical authorization dated 05/09/05  
A preauthorization determination dated 05/12/05 from UniMed Direct, L.L.C. dated 05/12/05  
An appeal for surgery dated 05/16/05  
A preauthorization determination dated 05/23/05 from UniMed Direct, L.L.C.

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

The Employer's First Report of Injury or Illness stated the claimant slipped, but did not fall, and strained his lower back on \_\_\_\_\_. On 09/22/04, Dr. Holland initially evaluated the claimant

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and he was allowed to return to work with restrictions through 09/27/04. On 09/23/04, an MRI of the lumbar spine revealed a central disc protrusion at L4-L5 impinging upon some of the more interior nerve roots and a mild disc bulge at L3-L4. On 11/01/04, a lumbar ESI was performed, as well as trigger point injections. On 02/07/05, Dr. Youngblood, a neurosurgeon, evaluated the claimant and he recommended a lumbar discogram at L3-L4, L4-L5, and L5-S1. On 03/08/05, Dr. Buyanov evaluated the claimant and concurred with the lumbar discogram and post discogram CT scan at L3-L4, L4-L5, and L5-S1. Dr. Youngblood recommended a decompression laminectomy, foraminotomy, nerve root decompression, and interbody fusion with cages, and pedicle screw instrumentation at L4-L5 on 04/14/05. On 05/09/05, a request for the surgery was made. On 05/12/05, UniMed Direct, L.L.C. provided an adverse determination regarding the surgery. On 05/16/05, an appeal was provided for the surgery and on 05/23/05, UniMed Direct provided an adverse determination regarding the surgery.

**Disputed Services:**

L4-L5 laminectomy, foraminotomy, posterior lateral fusion with posterior iliac crest bone graft, and a Steffee posterior interbody fusion with Brantigan cages with autograft

**Decision:**

I agree with the claimant as I feel that the L4-L5 laminectomy, foraminotomy, posterior lateral fusion with posterior iliac crest bone graft, and a Steffee posterior interbody fusion with Brantigan cages with autograft would be reasonable and necessary.

**Rationale/Basis for Decision:**

I believe the proposed interbody fusion at L4-L5, consisting of a decompressive laminectomy and foraminotomy as a portion of the interbody fusion using Brantigan cages would be reasonable and necessary. There are better choices of prosthesis, but the concept of an interbody fusion in this case would be reasonable and necessary. The claimant has undergone over six months of conservative treatment. The claimant appeared to have participated in a muscular strengthening program, which was the necessary prerequisite to performing a surgical procedure. There is significant literature support for the concept of a one level fusion. The reviewers who have turned down this surgery are using the Washington state *Lumbar Fusion Guidelines*, which are extraordinarily restrictive, limiting them only to instability. The Cochran collaboration, referred to in the second review, was also unnecessarily restrictive, based upon my knowledge of

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the current state of the literature. This surgery would be reasonable in this circumstance, based on the records reviewed.

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.

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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 08/12/05 from the office of Professional Associates.

Sincerely,

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Lisa Christian  
Secretary/General Counsel