



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:
IRO CASE NUMBER: M2-05-2092-01
NAME OF REQUESTOR:
NAME OF PROVIDER: Nick Talarico, D.C.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 08/12/05

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:

A TWCC-73 form dated 04/30/04 and signed by Raul Najera, M.D.

An initial evaluation dated 05/12/04 from Rafael Carrillo, M.P.T.

An MRI of the lumbar spine obtained on 05/21/04 and interpreted by James A. Algeo, Jr., M.D.

An evaluation with Mr. Carrillo dated 05/24/04

An evaluation with Sergio Pacheco, M.D. dated 06/06/04

An evaluation with Dr. Najera dated 06/16/04

A follow-up evaluation with Dr. Pacheco dated 07/12/04

An additional TWCC-73 form signed by Dr. Najera on 07/19/04

An evaluation with Carlos Rodriguez, D.C., at Sun City Chiropractic, dated 08/03/04

An MRI of the left knee and leg dated 08/09/04 and interpreted by Chetan Moorthy, M.D.

A Designated Doctor Evaluation with James Knott, M.D. dated 08/19/04

Treatment notes from Dr. Rodriguez on 08/26/04, 09/21/04, and 11/08/04

An EMG/NCV examination dated 08/28/04 by Suzanne Page, M.D.

Another follow-up evaluation with Dr. Pacheco dated 09/16/04

A Functional Capacity Evaluation (FCE) dated 09/23/04 with Nick Talarico, D.C.

A lumbar myelogram with post myelogram CT scan dated 10/19/04 and interpreted by Tiron Master, M.D.

A request for authorization of a muscle stimulator for home use dated 10/21/04 from Dr. Rodriguez

An additional follow-up visit with Dr. Pacheco dated 10/22/04

An additional FCE performed on 11/11/04 by Dr. Talarico

An initial evaluation at El Paso Orthopedic Surgery Group and Center for Sports Medicine dated 11/18/04 by Jose Villarreal, M.D.

Another Designated Doctor Evaluation with Dr. Knott on 12/02/04.

A procedure note dated 12/21/04 from Dr. Villarreal

A follow-up evaluation with Dr. Villarreal dated 01/06/05

A TWCC-73 form signed by Dr. Rodriguez on 02/08/05

An emergency room record dated 02/19/05

An evaluation with Luis Vasquez, M.D., at West Texas Neurosurgical Center, P.A.

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A follow-up evaluation with Dr. Villarreal on 04/07/05

Another follow-up evaluation and treatment with Dr. Talarico dated 04/08/05

An MRI of the cervical spine without contrast on 04/14/05 and interpreted by Hugo Isuani, M.D.

A letter "To Whom It May Concern" from Dr. Talarico dated 04/20/05

An operative note dated 05/05/05 from Dr. Vasquez

A consultation for an EMG/NCV study of the bilateral lower extremities dated 05/17/05 from Dr. Vasquez

A preauthorization determination from The Hartford dated 05/27/05

A letter "To Whom It May Concern" from Dr. Talarico dated 05/31/05

A reconsideration for preauthorization from Dr. Talarico dated 06/13/05

Another preauthorization determination dated 06/21/05 from The Hartford

An operative note dated 06/24/05 from Dr. Villarreal

A Texas notice of refused or disputed claim form dated 06/28/05

Clinical History Summarized:

An MRI of the lumbar spine on 05/12/04 revealed facet arthrosis and annular bulging asymmetric to the left with moderate impingement on the lower neural foramen on the left at L5-S1. Dr. Page performed an EMG/NCV study of the bilateral lower extremities on 08/28/04, which revealed no evidence of lumbar radiculopathy or peripheral neuropathy. A lumbar myelogram with post myelogram CT scan was performed on 10/19/04 and revealed mild degenerative changes from L3 through S1 without focal disc protrusion, spinal stenosis, or nerve root compression. Dr. Knott performed another Designated Doctor Evaluation on 12/02/04 and placed the claimant at MMI and assigned him a 5% whole person impairment rating. On 12/21/04, the claimant received a bilateral L4-L5 and L5-S1 facet block from Dr. Villarreal. The claimant underwent an interior cervical corpectomy at C6 with discectomy at C5-C6 and C6-C7 and an anterior cervical fusion with placement of VBR cage encompassing C5-C6 and C6-C7 on 05/05/05 by Dr. Vasquez. On 05/17/05, Dr. Vasquez recommended an EMG/NCV study of the bilateral lower extremities. On 05/27/05, The Hartford produced an adverse determination denying the repeat EMG/NCV study of the bilateral lower extremities. Dr. Talarico addressed reconsideration for the repeat EMG/NCV study on 06/13/05. The Hartford again denied the repeat EMG/NCV study on 06/21/05.

Disputed Services:

A repeat EMG/NCV study

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Decision:

I agree with the insurance carrier, as I do not feel that the EMG/NCV study would be reasonable or necessary.

Rationale/Basis for Decision:

The claimant has had a normal EMG/NCV study as a portion of his Designated Doctor Evaluation. He had a normal neurological examination. There was no evidence of any neural compressive lesions. His physical condition was unchanged since the time of the last normal EMG/NCV study. Medical necessity has not been established, as the EMG/NCV study will not add any diagnostic information not already available.

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

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

Sincerely,

Lisa Christian
Secretary/General Counsel