



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:
IRO CASE NUMBER: M2-05-2284-01
NAME OF REQUESTOR:
NAME OF PROVIDER: K. Zolfoghary, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 09/21/05

Dear Ms. ____:

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 TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC 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:

MRIs of the lumbar and thoracic spines interpreted by Scott Blumenfeld, M.D. on 07/29/04
Evaluations by W.C. LaRock, D.C. on 08/06/04, 08/23/04, 10/14/04, 12/13/04, and 05/09/05
Chiropractic notes from Dr. LaRock on 08/11/04, 08/12/04, 08/16/04, 08/17/04, 08/18/04, 08/19/04, 08/26/04, 08/27/04, 08/31/04, 09/02/04, 09/03/04, 09/09/04, 09/10/04, 09/13/04, 09/14/04, 09/17/04, 02/04/05, 02/07/05, 02/11/05, 02/21/05, 02/25/05, 03/18/05, 03/28/05, 04/11/05, 05/06/05, 05/20/05, 06/17/05, and 06/28/05
A Physical Performance Evaluation (PPE) and computerized spinal range of motion with Dr. LaRock on 09/08/04, 10/14/04, 11/12/04, and 05/09/05
An excused absence slip from Dr. LaRock on 09/15/04
An evaluation by Gerald A. Halaby, M.D. on 10/28/04
A letter of medical necessity for individual therapy from Dr. LaRock on 02/03/05
A notice of non-authorization of lumbar epidural steroid injections (ESIs) from Cheryl Mumford, L.P.N. at IMO dated 06/21/05
A notice of non-authorization for lumbar ESIs from Dawn Henson, R.N. at IMO dated 07/07/05
A Designated Doctor Evaluation from Curtis J. Spier, M.D. dated 07/12/05

Clinical History Summarized:

A lumbar MRI that was interpreted by Scott Blumenfeld, M.D. on 07/29/04 revealed L4-L5 disc degeneration and the thoracic MRI on that same date was unremarkable. On 08/06/04, W.C. LaRock, D.C. recommended chiropractic care. Gerald A. Halaby, M.D. recommended diabetic testing and a repeat EMG/NCV study on 10/28/04. On 02/03/05, Dr. LaRock recommended approval for six sessions of individual therapy. Several sessions of chiropractic treatment were performed. On 06/21/05, Cheryl Mumford, L.P.N. from IMO provided a letter of non-authorization for lumbar ESIs, as the patient's MRI did not show any nerve root entrapment by disc or bone. Another letter of non-authorization for the lumbar ESIs was provided by Dawn Henson, R.N. at IMO on 07/07/05. She noted the patient had not received benefit from the previous two lumbar ESIs she had received. Curtis J. Spier, M.D. felt the patient was not at

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Maximum Medical Improvement (MMI) on 07/12/05, but he felt she should reach a stable state following an aggressive rehabilitation program.

Disputed Services:

Lumbar epidural steroid injections (ESIs)

Decision:

I disagree with the requestor. The proposed lumbar ESIs would not be reasonable or necessary.

Rationale/Basis for Decision:

ESIs for the treatment of axial low back pain are extremely controversial. The literature for the treatment of nerve root compression was reasonably clear, that is in the treatment of acute radicular pain, ESIs are effective (Yuan and Albert Journal Bone and Joint Surgery American 86 (10): 2319-2330), Buttermann (JBJS 86 (4): 670-679, and Carette et al: (NEJM 336 (23): 1634-1640.) All of those studies do show effectiveness when there are objective findings of radiculopathy. However, there needs to be a strong concordance between the diagnosis and the physical findings. This individual, who was morbidly obese, does not have physical findings consistent with radiculitis. She has no reproducible physical findings. Some examiners have found numbness and others have not. The patient's electrodiagnostic studies have been inconclusive. One examiner did find evidence of radiculitis, but it did not correlate with the imaging studies. Given the fact the patient was morbidly obese and has gained over 60 pounds during the course of her treatment and that there were no clear findings, I do not believe the lumbar ESIs are reasonable and necessary in regard 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

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

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If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
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, DWC, and the patient via facsimile or U.S. Postal Service this day of 09/21/05 from the office of Professional Associates.

Sincerely,

Amanda Grimes
Secretary/General Counsel