



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-05-2341-01
NAME OF REQUESTOR: Brad Burdin, D.C.
NAME OF PROVIDER: Brad Burdin, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 10/20/05

Dear Dr. Burdin:

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 Licensed in the area of Chiropractics and is currently listed on the DWC Approved Doctor List.

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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:

Physical Performance Evaluations (PPEs) with an unknown provider (the signature was illegible) on 12/07/04 and 05/03/05

An Employer's First Report of Injury or Illness form dated ____

Evaluations with Brad Burdin, D.C. on 12/21/04, 01/26/05, 02/16/05, 03/31/05, 04/27/05, 05/27/05, 06/10/05, 06/20/05, 07/20/05, 07/27/05, and 08/29/05

X-rays of the cervical spine, thoracic spine, lumbar spine, and bilateral knees interpreted by Edward Knudson, M.D. dated 12/22/04

Chiropractic treatment with Dr. Burdin on 12/21/04, 12/22/04, 12/23/04, 12/27/04, 12/29/04, 12/31/04, 01/03/05, 01/05/05, 01/31/05, 02/02/05, 02/04/05, 02/08/05, 02/09/05, 02/11/05, 03/08/05, 03/09/05, 03/11/05, 03/14/05, 03/17/05, 03/18/05, 03/21/05, 03/22/05, 03/23/05, 03/28/05, 03/30/05, 06/20/05, 06/22/05, 06/29/05, 07/05/05, 07/06/05, and 07/08/05

TWCC-73 forms filed by Dr. Burdin on 01/17/05, 01/26/05, 02/16/05, 03/17/05, 03/31/05, 04/27/05, 05/27/05, 06/10/05, 06/20/05, 07/20/05, and 07/27/05

An MRI of the cervical spine on 01/27/05 that was interpreted by Raul A. Pelaez, M.D.

An MRI of the lumbar spine interpreted by Dr. Pelaez on 02/18/05

EMG/NCV studies interpreted by David M. Hirsch, D.O. dated 03/05/05 and 05/24/05

Procedure notes from Mark K. Dedmon, P.A.-C. dated 03/08/05, 03/17/05, and 03/31/05

A prescription for electrodes from Dr. Burdin on 03/17/05

Evaluations with Dr. Hirsch dated 04/12/05, 06/17/05, and 08/31/05

A Functional Capacity Evaluation (FCE) with Letty M. Ortega, B.S. dated 04/19/05

A letter of preauthorization for injections and an EMG/NCV study dated 04/20/05

Epidural steroid injections (ESIs) with Dr. Hirsch dated 05/19/05

An evaluation by Joseph T. Senes, P.A.-C. for Dr. Hirsch dated 05/26/05

An MRI of the left knee interpreted by Dr. Pelaez on 06/07/05

Evaluations with Patrick H. Wilson, M.D. dated 06/16/05 and 08/16/05

An FCE with an unknown provider (the signature was illegible) dated 07/27/05

A Designated Doctor Evaluation by Kyle E. Jones, M.D. dated 07/28/05

Letters of preauthorization for a six week work hardening program dated 08/05/05 and 08/10/05

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A mental health evaluation with John E. Churchill, L.M.S.W. dated 08/18/05

Clinical History Summarized:

An Employer's First Report of Injury or Illness stated the claimant injured her back, neck, and knees on _____. The claimant noted a previous spine injury on _____. X-rays of the cervical spine, thoracic spine, lumbar spine, and knees performed on 12/22/04 and interpreted by Dr. Knudson revealed anterior spondylitic changes from C4 through C6 with straightening and reduced range of motion and spondylitic changes in the lumbar spine, especially at L2-L3. Chiropractic treatment with Dr. Burdin occurred from 12/21/04 through 07/08/05 for a total of 31 sessions. A cervical MRI on 01/27/05 interpreted by Dr. Pelaez revealed a posterior and central herniation at C6-C7 causing indentation of the anterior aspect of the thecal sac and an anterior 3 mm. bulge. An MRI of the lumbar spine interpreted by Dr. Pelaez on 02/18/05 revealed degenerative disc disease with desiccation and 2 mm. herniations at L5-S1, 3 mm. anterior bulging at L4-L5, and degenerative disc disease with 3 mm. anterior bulging at L2-L3. An EMG/NCV study of the upper extremities interpreted by Dr. Hirsch on 03/05/05 revealed mild bilateral carpal tunnel syndrome. At that time, Dr. Hirsch also recommended physical therapy and a trial of trigger point injections. On 04/12/05, Dr. Hirsch recommended a trial of an ESI, which was performed on 05/19/05. An FCE on 04/19/05 showed the claimant could work at a restricted medium physical demand level. An EMG/NCV study of the bilateral lower extremities interpreted by Dr. Hirsch on 05/24/05 revealed SI joint dysfunction and possible bilateral L5 motor radiculopathy. On 06/17/05, Dr. Hirsch performed a therapeutic injection at C7-T1 and a right SI joint injection and provided the claimant with therapy and medications. On 07/20/05, Dr. Burdin recommended continued therapy, another knee sleeve, and an FCE. On 07/27/05, Dr. Burdin recommended preauthorization for a work hardening program. The Designated Doctor, Dr. Jones, placed the claimant at Maximum Medical Improvement (MMI) as of 07/28/05 with a 9% whole person impairment rating. Letters of non-authorization for the work hardening program were provided by Argus Services Corporation on 08/05/05 and 08/10/05. Mr. Churchill performed a mental health evaluation on 08/18/05 and felt the claimant was a good candidate for the work hardening program. On 08/29/05, Dr. Burdin recommended an aggressive four week rehabilitation program.

Disputed Services:

A work hardening program five times a week for six weeks

Decision:

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I disagree with the requestor. The documentation did not support that the requested services of a work hardening program five times a week for six weeks as reasonable and medically necessary as related to the injury of ____.

Rationale/Basis for Decision:

Based upon a review of the records provided, as noted above, it was my opinion that the documentation did not support that the services requested of work hardening five times a week for six weeks as reasonable and/or medically necessary for the work related injury of ____.

Records indicated the patient had already undergone conservative therapy to include both passive and active physical medicine modalities and procedures, which included exercise therapy/rehab at the Neuromuscular Institute of Texas. The Functional Capacity Evaluation (FCE) performed on 04/05/05 indicated the employee qualified for the restricted medium work category or unrestricted light work category with a maximum lifting capacity of 40 pounds. This would be in keeping with the patient's required job physical demand level as a bus driver. It was noted that according to *The Dictionary of Occupational Titles*, Published by the Department of Labor, the category of a bus driver/school (913.463-010) indicates the medium physical demand level. In addition, a second FCE performed on 07/27/05 indicated the employee could dynamically lift and carry 50 pounds approximately 25 feet, lift from floor to knee level 30 pounds, knees to shoulder 40 pounds, and from shoulder to overhead 20 pounds. According to the U.S. Department of Labor, physical demand characteristics for work, this too would classify the employee at the medium physical demand level, which qualifies her for the physical demand level of her work. Finally, it was also noted that treadmill testing indicated the employee had the ability to handle heavy aerobic active job tasks. The records also indicated that the patient was determined to be at Maximum Medical Improvement (MMI) as of 07/28/05 by a Designated Doctor, who assessed 9% impairment rating. Clinical examination findings, as noted in the Designated Doctor's report, did not indicate any neuromuscular weaknesses that would warrant a work hardening program. The clinical findings were not consistent with the subjective complaints noted in the records. Based upon this documentation, it did not support that a comprehensive multidisciplinary return to work program, such as work hardening, would be reasonable or medically necessary for this employee. The documentation was not in compliance with CARF requisites for a multidisciplinary return to work program nor are they in keeping with guidelines established in the *ACOEM Guidelines*.

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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.

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 claimant via facsimile or U.S. Postal Service this day of 10/20/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel