



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0222-01
NAME OF REQUESTOR: Valley Spine Medical Center
NAME OF PROVIDER: Alex Flores, D.C.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 12/07/05

Dear Valley Spine Medical Center:

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 DWC 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 conflicts of interest that exist between him the provider, the injured employee, the injured

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employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

Evaluations with Alex Flores, D.C. dated 05/17/05 and 06/22/05

An MRI of the lumbar spine interpreted by Kevin E. Legendre, M.D. dated 06/10/05

Evaluations with Gerardo Zavala, M.D. dated 07/08/05 and 07/23/05

A work hardening mental health evaluation with Dr. Flores, Janie Rodriguez, M.Ed., L.P.C. and Richard J. Miller, M.S., L.P.C.-I. dated 07/21/05

A Functional Capacity Evaluation (FCE) with an unknown provider (the signature was illegible) dated 08/04/05

A preauthorization request for work hardening from Dr. Flores dated 08/15/05

A letter of denial for the work hardening from Marin Araujo, Claim Representative for St. Paul Travelers, dated 08/19/05

A Designated Doctor Evaluation with Becky Personett, M.D. dated 08/31/05

Further letters of denial for work hardening was provided by Anthony Bottorff, D.C. at St. Paul Travelers dated 09/13/05 and 10/06/05

A letter of reconsideration from Dr. Flores dated 10/04/05

Clinical History Summarized:

On 05/17/05, Dr. Flores recommended physical therapy, an MRI of the lumbar spine, and a neurological evaluation. An MRI of the lumbar spine interpreted by Dr. Legendre on 06/10/05 revealed a disc bulge at L5-S1. On 07/08/05, Dr. Zavala recommended Ultracet, Mobic, and a lumbar epidural steroid injection (ESI). During a mental health evaluation on 07/21/05, Dr. Flores recommended a work hardening program. The FCE on 08/04/05 with the unknown provider determined the patient was only functioning at the sedentary light physical demand level and a work hardening program was recommended. On 08/10/05, Dr. Flores wrote a letter of request for 10 sessions of the work hardening program. Ms. Araujo wrote a letter of denial for the work hardening program on 08/19/05. Dr. Personett, the Designated Doctor, felt the patient was not at Maximum Medical Improvement (MMI) and agreed with the request for a work hardening program on 08/31/05. On 09/13/05, there was an appeal denial letter/comp issues

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from Dr. Bottorff stating the work hardening program continued to be denied. On 10/04/05, Dr. Flores provided a letter of reconsideration, but this was again denied by Dr. Bottorff on 10/06/05.

Disputed Services:

Ten sessions of work hardening

Decision:

I disagree with the requestor. The 10 sessions of work hardening would be neither reasonable nor necessary.

Rationale/Basis for Decision:

This patient sustained a lumbar strain. The ordinary course of such an injury is to progress after injury to relatively rapid recovery. It did not happen in this case, largely because the patient's years of reinjury were accentuated and accelerated by his treating physicians. The patient should be able to return to full duty by performing a home exercise program and standard physical therapy within eight weeks of injury. At this time, there was no objective evidence the patient would improve sufficiently with a work hardening program, as opposed to normal care. Any psychological deficits are due to his ongoing treatment and not due to the injury. There was significant evidence within the scientific literature that a rapid return to work and aggressive strengthening are better than the care the patient has received. There was no indication that the indicated work hardening would improve the patient's situation. In my opinion, ten sessions of work hardening are neither reasonable, nor necessary.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

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

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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 patient via facsimile or U.S. Postal Service this day of 12/07/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel