



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0250-01
NAME OF REQUESTOR: John Sazy, M.D.
NAME OF PROVIDER: John Sazy, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 12/07/06

Dear Dr. Sazy:

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

M2-06-0250-01

Page Two

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:

MRIs of the left shoulder, cervical spine, and lumbar spine interpreted by Sridhar Iyengar, M.D. dated 07/28/04

An x-ray of the lumbar spine interpreted by Eric S. Bennos, M.D. dated 11/03/04

An EMG/NCV study interpreted by Scott Hall, M.D. dated 11/18/04

An evaluation and EMG/NCV study with Dr. Hall dated 11/23/04

A Required Medical Evaluation (RME) with Bruce Edward Whitehead, M.D. dated 12/09/04

Evaluations with John A. Sazy, M.D. dated 02/24/05 and 04/14/05

A lumbar myelogram with post myelogram CT scan interpreted by Shelley Rosenbloom, M.D. dated 05/09/05

A Designated Doctor Evaluation with Paul L. Patrick, D.O. dated 05/18/05

Evaluations with Ed Cerday, M.D. dated 05/25/05, 06/02/05, 07/21/05, and 09/08/05

A preauthorization request from Dr. Sazy dated 08/05/05

Letters of denial from Charlene Gore, Utilization Review Nurse, at Liberty Mutual Group dated 08/12/05 and 09/09/05

A letter of medical necessity from Dr. Cerday dated 08/25/05

A request for reconsideration letter from Dr. Sazy dated 09/02/05

A letter of denial from Carolyn Guard, R.N.C. at Liberty Medical Group dated 10/25/05

Clinical History Summarized:

MRIs of the left shoulder, cervical spine, and lumbar spine interpreted by Dr. Iyengar on 07/28/04 showed hypertrophic changes of the AC joint in the shoulder, spondylitic changes in the cervical spine, and diffuse degenerative disc disease in the lumbar spine with an associated L4-L5 disc extrusion. A lumbar spine x-ray interpreted by Dr. Bennos on 11/03/04 showed multilevel degenerative disc disease. The EMG/NCV study interpreted by Dr. Hall on 11/18/04 revealed mild generalized peripheral neuropathy and markedly prolonged right peroneal F-wave

M2-06-0250-01

Page Three

latency. A follow-up EMG/NCV study with Dr. Hall on 11/23/04 was normal. On 12/09/04, Dr. Whitehead felt most of the patient's pathology was chronic and degenerative in nature. He recommended a Functional Capacity Evaluation (FCE). Dr. Sazy recommended weight loss, continued medications, and possible lumbar spine surgery on 02/24/05. A lumbar CT myelogram interpreted by Dr. Rosenbloom on 05/09/05 showed multilevel disc lumbar spine degeneration with a large disc herniation at L5-S1 and some disc protrusions at L2-L3 and L4-L5. A bulge was also present at L1-L2. On 05/18/05, Dr. Patrick felt the patient was not at Maximum Medical Improvement (MMI) and recommended lumbar surgery. Trigger point injections were performed by Dr. Cerday on 06/02/05. On 08/05/05, Dr. Sazy provided a preauthorization request for lumbar spine surgery. Ms. Gore from Liberty Mutual Group provided a letter of denial for the lumbar spine surgery on 08/12/05 and 09/09/05. On 08/25/05, Dr. Cerday wrote a letter of necessity for the surgery. On 09/02/05, Dr. Sazy wrote a letter of reconsideration for the lumbar surgery. Dr. Cerday noted surgery had been denied on 09/08/05, but he felt the patient was still a surgical candidate and recommended a Benefits Review Conference (BRC). On 10/25/05, Ms. Guard from The Liberty Mutual Utilization Department wrote a letter upholding the denial for surgery.

Disputed Services:

A five day in hospital stay for a TLIF decompression, decompression and fusion at L3-S1, decompression at L2-S1, and cardiac clearance

Decision:

I disagree with the requestor. The five day in hospital stay for a TLIF decompression, decompression and fusion at L3-S1, decompression at L2-S1, and cardiac clearance would be neither reasonable nor necessary.

Rationale/Basis for Decision:

This patient was being maintained on relatively low doses of medication. He has evidence of extensive degeneration within his lumbar spine. The surgical literature was fairly clear that the results of the surgery depend upon several factors, including the proposed length of the surgery. This patient has significant degeneration throughout his spine. The chances of a three level decompression and fusion being performed without significant complications and changing this patient's condition was approximately 50%. In my opinion, as a board certified orthopedic

M2-06-0250-01

Page Four

surgeon, this would not be reasonable or necessary in this patient's situation. He would be just as well served with the current treatment as he would by a disabling spinal procedure. Criteria utilized include 15 years of clinical experience and *The American Academy of Orthopedic Surgeons Knowledge Update For Spine*.

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

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.

M2-06-0250-01

Page Five

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