



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0269-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Michael Oliva, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 01/11/06

Dear ____:

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

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:

A hospital evaluation with an unknown physician (the signature was illegible) on 03/14/05
X-rays of the thoracic and lumbar spine interpreted by Hamid Ahmadi, M.D. dated 03/17/05
MRIs of the lumbar spine and thoracic spine interpreted by Charles H. Wheeler, D.O. on 04/05/05
Evaluations with C. Michael Oliva, M.D. dated 04/25/05, 05/06/05, 06/07/05, 07/27/05, 08/24/05, 09/21/05, and 11/08/05
Operative reports from Dr. Oliva dated 05/06/05, 06/23/05, 08/04/05, and 10/06/05
Prescriptions for an RS muscle stimulator unit from Dr. Oliva dated 06/10/05 and 08/05/05
Patient usage reports from Dr. Oliva dated 07/04/05, 08/01/05, and 09/08/05
An evaluation with Charles V. O. Hughes, III, M.D. dated 08/17/05
Letters of non-authorization from Peggy M. Steed, L.V.N. at Texas Mutual Insurance Company dated 08/18/05 and 08/23/05
Another letter of non-authorization from JoAnne Harrison, Review Nurse at Texas Mutual dated 09/06/05
A letter from LaTreace E. Giles, R.N., Senior Medical Dispute Analyst from Texas Mutual, dated 12/08/05

Clinical History Summarized:

X-rays of the thoracic and lumbar spine interpreted by Dr. Ahmadi on 03/17/05 were unremarkable. MRIs of the lumbar and thoracic spine interpreted by Dr. Wheeler on 04/05/05 were also essentially unremarkable, except for some mild degenerative disc disease at T11-T12. On 04/25/05, Dr. Oliva recommended bilateral facet injections, Vicoprofen, Mobic, and Flexeril. Dr. Oliva performed bilateral facet injections on 05/06/05. On 06/07/05, Dr. Oliva recommended an epidural steroid injection (ESI), a TENS unit, Lortab, Relafen, and Soma. On 06/10/05, Dr. Oliva prescribed an RS medical stimulator unit. A thoracic myelogram and ESI were performed by Dr. Oliva on 06/23/05, 08/04/05, and 10/06/05. On 08/05/05, Dr. Oliva wrote a statement of medical necessity for continued use of the RS medical stimulator unit. Ms.

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Steed, from Texas Mutual Insurance Company, wrote letters of non-authorization for purchase of the RS muscle stimulator unit on 08/18/05 and 08/23/05. On 09/06/05, Ms. Harrison, Review Nurse for Texas Mutual, also wrote a letter of non-authorization for purchase of the RS muscle stimulator unit. On 11/08/05, Dr. Oliva recommended bilateral facet injections. Ms. Giles, Senior Medical Dispute Analyst at Texas Mutual, wrote a letter on 12/08/05 stating they maintained their position on the non-authorization for purchase of the RS muscle stimulator unit based on Dr. Oliva's report of 09/21/05.

Disputed Services:

The purchase of an RS4i interferential and muscle stimulator

Decision:

I disagree with the requestor. The purchase of an RS4i interferential and muscle stimulator would be neither reasonable nor necessary.

Rationale/Basis for Decision:

There was no medical necessity for the use of a muscle stimulator. There was no scientific peer reviewed evidence that muscle stimulation was the best placebo. The patient should be maintained on a home exercise program and this would yield better results than any passive therapy.

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 Division 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 01/11/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel