PROFESSIONAL
ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-0460-01
NAME OF REQUESTOR:	___
NAME OF PROVIDER:	Robert Urrea, 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:

Evaluations with Jorge R. Rojero, M.D. dated 08/23/02, 09/03/02, 10/01/02, and 10/22/02
Evaluations with Enrique Ceniceros, P.T. dated 10/02/02 and 11/04/02
Physical therapy with Mr. Ceniceros dated 10/02/02, 10/03/02, 10/04/02, 10/07/02, 10/08/02, 10/10/02, 10/11/02, 10/15/02, 10/16/02, 10/18/02, 10/24/02, 10/25/02, 10/28/02, 10/30/02, 11/01/02, 11/04/02, 11/06/02, 11/08/02, 11/11/02, 11/13/02, and 11/15/02
An evaluation with Octavio Licon, M.D. dated 11/25/02
An MRI of the lumbar spine interpreted by Hugo E. Isuani, M.D. dated 11/27/02
Evaluations with Joseph Neustein, M.D. dated 12/10/02, 12/12/02, 12/19/02, 01/20/03, 01/28/03, 02/03/03, 02/17/03, 02/21/03, 03/03/03, 04/02/03, 04/16/03, 05/01/03, 05/19/03, 06/04/03, and 06/23/03
A Functional Capacity Evaluation (FCE) with Monty Barry, P.T. dated 01/07/03
Work conditioning with Mr. Barry dated 01/08/03, 01/10/03, 01/13/03, 01/15/03, 01/17/03, 02/04/03, 02/05/03, 02/06/03, 02/07/03, 02/10/03, 02/11/03, 02/12/03, and 02/14/03
Operative procedure reports from Stephen R. Harris, M.D. dated 02/18/03, 03/05/03, 04/01/03, and 05/13/03
Designated Doctor Evaluations with Jose DeJesus, M.D. dated 03/04/03 and 06/13/03
Evaluations with Robert E. Urrea, M.D. dated 07/23/03, 09/03/03, 09/08/03, 10/08/03, 12/16/03, 01/07/04, 03/03/04, 04/14/04, 05/17/04, 06/21/04, 07/23/04, 09/01/04, 11/01/04, 12/01/04, 12/22/04, 01/07/05, 01/26/05, 02/16/05, 03/08/05, 06/06/05, 09/07/05, 10/07/05, and 11/21/05
A Required Medical Evaluation (RME) with Michael J. Mrochek, M.D. dated 07/24/03
An FCE with Andrea Smith, O.T.R. dated 10/02/03
TWCC-73 forms filed by Dr. Urrea on 11/14/03 and 11/01/04
A lumbar discogram CT scan interpreted by Dr. Isuani on 12/16/03
A letter written to the insurance carrier from Dr. Mrochek on 12/19/03
An operative report from Dr. Urrea dated 02/17/04
Physical therapy with Cynthia Salinas, P.T.A. dated 04/01/04, 04/02/04, 04/05/04, 04/08/04, 04/12/04, 04/13/04, 04/15/04, 04/19/04, 04/20/04, 04/23/04, 04/26/04, 04/28/04, 04/30/04,

05/03/04, 05/04/04, 05/06/04, 05/13/04, 05/14/04, 05/18/04, 05/20/04, 05/21/04, 05/24/04, 05/25/04, 06/08/04, 06/09/04, 06/10/04, 06/14/04, 06/15/04, and 06/17/04
A physical therapy progress report from Katherine Reyes-Lara, M.P.T. and David Rachel, P.T. dated 05/14/04 and 06/17/04,
A notice of disputed issue(s) and refusal to pay benefits form from the insurance carrier dated 10/27/04
An MRI of the lumbar spine interpreted by Sandro B. Parisi, M.D. dated 11/18/04
An operative procedure note from Dr. Urrea dated 01/13/05
Notices of denial of pre-authorization from Mike McHenry, M.D. dated 09/28/05 and 11/10/05

Clinical History Summarized:

Physical therapy was performed with Mr. Ceniceros from 10/02/02 through 11/15/02 for a total of 21 sessions. An MRI of the lumbar spine interpreted by Dr. Isuani on 11/27/02 showed multilevel internal disc derangement and desiccation at L4-L5 and L5-S1 and a small left central disc herniation/protrusion at L4-L5. An FCE with Mr. Barry on 01/07/03 indicated the patient could work at the light medium physical demand level, but should return to light work duty. Work conditioning was performed with Mr. Barry from 01/08/03 through 02/14/03 for a total of 13 sessions. On 01/20/03, Dr. Neustein recommended a TENS unit and spinal blocks. By 02/03/03, Dr. Neustein recommended two weeks of work conditioning. Lumbar epidural steroid injections (ESIs) were performed by Dr. Harris on 02/18/03, 03/05/03, 04/01/03, and 05/13/03. On 03/04/03, Dr. DeJesus felt the patient was not at Maximum Medical Improvement (MMI). On 05/19/03, Dr. Neustein felt the patient was at MMI with a 10% whole person impairment rating. He recommended an FCE. On 06/04/03, Dr. Neustein recommended a neurosurgical opinion. On 06/13/03, Dr. DeJesus felt the patient was at MMI with a 5% whole person impairment rating. Dr. Mrochek recommended an FCE on 07/24/03. The FCE with Ms. Smith on 10/02/03 indicated the patient could work at the sedentary physical demand level. Spinal surgery was recommended by Dr. Urrea on 12/16/03. A lumbar discogram CT scan interpreted by Dr. Isuani on 12/16/03 revealed a posterior vertical tear with a disc herniation/protrusion at L5-S1. Dr. Urrea performed a discectomy and annuloplasty at L4-L5 and L5-S1 on 02/17/04. Physical therapy was performed with Ms. Salinas from 04/01/04 through 06/17/04 for a total of 29 sessions. On 10/27/04, there was a notice of disputed issue(s) and refusal to pay benefits form from the insurance carrier regarding denial of treatment for headaches. An MRI of the lumbar spine interpreted by Dr. Parisi on 11/18/04 revealed the postsurgical changes with no recurrent disc or enhancing fibrosis at L4-L5 and L5-S1. Bilateral L4-L5 and L5-S1 facet blocks were performed by Dr. Urrea on 01/13/05. On 09/07/05, Dr. Urrea recommended a lumbar ESI. Dr. McHenry provided letters of non-authorization for the lumbar ESI dated 09/28/05 and 11/10/05.

Disputed Services:

Lumbar epidural injections

Decision:

I disagree with the requestor. The lumbar epidural injections would be neither reasonable nor necessary.

Rationale/Basis for Decision:

There was no scientific evidence that the use of an epidural injection in a chronic pain situation would be useful. The patient has undergone a full course of treatment prior to this time. It was unlikely that an epidural injection would provide more than temporary relief and perhaps not even that. Therefore, there was no medical necessity at this time in this patient's injury to be performing epidural injections.

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.

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