PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	
IRO CASE NUMBER:	M2-06-0004-01
NAME OF REQUESTOR:	Center for Pain Recovery
NAME OF PROVIDER:	Mark Barhorst, M.D.
REVIEWED BY:	Board Certified in Pain Management Board Certified in Anesthesiology
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	10/14/05

Dear Center for Pain Recovery:

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 Pain Management and Anesthesiology 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 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:

Evaluations by an unknown provider (the signature was illegible) at Clinica Hispania dated 01/02/01 and 01/09/01
X-rays of the left foot interpreted by Dang Pham, M.D. dated 06/02/03
Evaluations with Mark D. Barhorst, M.D. dated 07/23/03, 08/11/03, 08/25/03, 09/24/03, 10/22/03, 11/19/03, 12/15/03, 07/07/04, 07/27/04, 08/03/04, 08/11/04, 08/26/04, 09/23/04, 10/25/04, 11/09/04, 12/08/04, 01/06/05, 02/03/05, 03/04/05, 04/06/05, 05/04/05, 06/01/05, 06/29/05, 07/29/05, and 08/30/05
A Designated Doctor Evaluation with Benjamin Agana, M.D. dated 07/26/04
An operative report from Dr. Barhorst on 10/25/04
A letter of non-authorization for a stellate ganglion block by Texas Mutual Insurance Carrier on 07/11/05 and 07/28/05
A Required Medical Evaluation (RME) by Brian C. Buck, M.D. dated 08/31/05
A letter written to Professional Associates from Texas Mutual Insurance Company dated 09/27/05

Clinical History Summarized:

An unknown provider (the signature was illegible) at Clinica Hispania recommended x-rays of the left foot for a possible fracture of the fourth and fifth digits on 01/09/01. X-rays of the left foot interpreted by Dr. Pham on 06/02/03 were negative. On 07/23/03, Dr. Barhorst recommended a left sympathetic lumbar block and a recent EMG for a diagnosis of reflex sympathetic dystrophy (RSD). On 10/22/03, Dr. Barhorst wrote a letter to the patient's attorney regarding the urgency of her situation and the requirement for the sympathetic block. On 11/19/03, Dr. Barhorst noted the patient would be closing her workers' compensation case and would be pursuing care for the RSD through her husband's insurance carrier. However, on 07/07/04, Dr. Barhorst stated she would now be pursuing care through Medicare. A Designated Doctor Evaluation with Dr. Agana on 07/26/04 determined the patient to be at statutory Maximum Medical Improvement (MMI) as of 04/28/03 with a 19% whole person impairment rating. He felt she had some form of RSD and had not improved with previous sympathetic blocks. On 08/03/04, Dr. Barhorst performed a repeat lumbar sympathetic block on the left at L2

and L4. Radiofrequency ablation of the lumbar spine was performed by Dr. Barhorst on 10/25/04. On 02/03/05, Dr. Barhorst recommended spinal cord stimulation. On 04/06/05, Dr. Barhorst noted the patient's depression was getting worse and recommended a psychiatric evaluation. A left stellate ganglion block was requested by Dr. Barhorst on 06/29/05, since she apparently won her case and her benefits had been reinstated. Texas Mutual Insurance Company wrote letters of non-authorization for the stellate ganglion block on 07/11/05 and 07/28/05. On 07/29/05, Dr. Barhorst was appealing the denial for the injection. A Required Medical Evaluation (RME) with Brian C. Buck, M.D. on 08/31/05 determined the patient should not have further treatment other than medication management and a transition from disability to a home exercise program and work. On 09/27/05, Texas Mutual Insurance carrier wrote a letter to Professional Associates regarding the appeal of the denial for the injection and stated they maintained their position of non-authorization.

Disputed Services:

A left stellate ganglion block

Decision:

I disagree with the requestor. The left stellate ganglion block is neither reasonable nor necessary.

Rationale/Basis for Decision:

This patient's injury involved only her left foot. There was no definitive evidence in the medical literature that RSD "spreads" to other parts of the body. Moreover, the fact that this patient's responses to all of the many lumbar sympathetic blocks performed were so clinically insignificant places significant doubt on the diagnosis of RSD. There was clear documentation regarding the patient's psychological state and the fact that she completed a full 20 day chronic pain management program, albeit with no clear clinical benefit. Objective tests, including bone scans, have also failed to demonstrate evidence consistent with a diagnosis of RSD. None of the physical examinations performed by either Dr. Barhorst or other independent evaluating physicians demonstrate any physical exam evidence consistent with RSD to support the patient's subjective complaints of left upper extremity pain. Dr. Barhorse, himself, even raised doubt as to the veracity of the patient's left upper extremity complaints when he stated that he felt she wanted to have this condition spread to other parts of her body. This was clearly more consistent with a psychosomatic source of symptomatology as opposed to a physiological or organic source of pathology. Therefore, in the absence of physical examination findings, consistent with a diagnosis of RSD by both the requesting doctor and multiple independent physician evaluators, and in the clear presence of significant psychological abnormalities, as well as a doubtful diagnosis of RSD in the first place, there was no medical reason or necessity for a left stellate ganglion block, and clearly no relationship of performing that procedure for the

alleged injury of ___. The patient's subjective complaints of left upper extremity pain are simply unsupported by any objective or physical examination evidence consistent with a diagnosis of RSD.

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 patient via facsimile or U.S. Postal Service this day of 10/14/05 from the office of Professional Associates.

Sincerely,

_____
Lisa Christian
Secretary/General Counsel