



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0047-01
NAME OF REQUESTOR: Jacob Rosenstein, M.D.
NAME OF PROVIDER: Jacob Rosenstein, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 10/31/05

Dear Dr. Rosenstein:

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

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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:

A notice of utilization review dated 08/17/05 from Forte

A letter "To Whom It May Concern" from Jacob Rosenstein, M.D. dated 08/19/05

Another notice of utilization review from Forte dated 08/30/05

A summary of the carrier's position dated 09/22/05 from Gregory D. Solcher at Flahive, Ogden, & Latson

Clinical History Summarized:

On 08/17/05, Forte denied the requested lumbar myelogram with post myelogram CT scan with reconstruction. It was noted the patient underwent a discectomy/laminectomy at L3-L4 in 1993 and the apparent level of concern at that time was L5-S1 disc protrusion. Dr. Rosenstein addressed a letter "To Whom It May Concern" on 08/19/05 to serve as a letter of appeal. It was noted the patient underwent a Contested Case Hearing (CCH) on 04/07/05 and the L5-S1 disc protrusion was felt to be a part of the compensable injury. Dr. Rosenstein noted they were evaluating the patient for surgery and felt the lumbar discogram with post discogram CT scan with reconstructions was necessary. On 08/30/05, Forte denied the appeal for the lumbar discogram with post discogram CT scan with reconstruction, as an MRI was felt to be a more reliable diagnostic tool. Mr. Solcher provided a summary of the carrier's position on 09/22/05. It was noted the denial from 08/30/05 pointed to literature that indicated MRIs were better and safer at obtaining the requested information rather than the lumbar myelogram with post myelogram CT scan with reconstruction.

Disputed Services:

A lumbar myelogram with post myelogram CT scan with reconstruction

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Decision:

I disagree with the requestor. The lumbar myelogram with post myelogram CT scan with reconstruction is neither reasonable nor necessary.

Rationale/Basis for Decision:

I concur with the decision not to provide a lumbar CT myelogram with sagittal and coronal reconstruction. A CT myelogram would add nothing to the evaluation of this individual. Sufficient information has already been provided to make the decision as to whether this claimant should or should not have surgery. A CT myelogram would not add any information. Therefore, the CT myelogram, with or without sagittal or coronal reconstruction, would be neither reasonable nor necessary.

The rationale for the opinion stated in this report is based on the record review as well as the broadly accepted literature to include 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:

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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 claimant via facsimile or U.S. Postal Service this day of 10/31/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel