

P-IRO

An Independent Review Organization
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November 1, 2005

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Delivered via Fax

Name/Patient _____
TDI-DWC # _____
MDR Tracking #: M2-06-0149-01
IRO #: 5312

P-IRO, Inc. has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Worker's Compensation (DWC) has assigned this case to P-IRO for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

P-IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Provider board certified and specialized in Chiropractic care. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by The Requestor, Respondent, and Treating Doctor(s), including: Medical Dispute Resolution Request/Reponse.

1. Medical Reports from Neuromuscular Institute of Texas, 7-21-01, 8-6-01, 9-6-01, 9-25-01, 10-9-01, 5-16-02, 12-4-02, 3-11-03, 3-21-03, 4-10-03, 5-12-03, 6-13-03, 7-14-03, 8-19-03, 8-21-03, 9-5-03, 10-6-03, 6-14-04, 7-14-04, 10-18-04, 11-29-04, 1-11-05, 2-8-05, 2-28-05, 7-28-05 and 8-31-05.
2. Medical report from Patrick Wilson, M.D., 3-18-03.
3. NCV/EMG report, 4-15-03.

4. Medical report from Miguel Pelegrina, M.D., 5-16-03.
5. Medical report from Jerjis Denno, M.D., 6-20-03.
6. Physician Adviser Review, 8-19-03.
7. FCE summary, 8-20-03.
8. Physician Adviser Review, 6-3-04 and 7-27-04.
9. Nurses Chronological List of Submitted Records, 7-30-04.
10. RME report, 10-28-04.
11. IntaCorp report, 11-12-04.
12. Denial reports regarding bilateral EMG/NCV testing, 8-5-05 and 9-12-05.

CLINICAL HISTORY

According to the records, The Patient reported pain in the left ankle, right knee, left knee, right ankle, thoracic spine and lumbar spine after a slip and fall injury occurring on 7-20-01 while working for Levi Strauss Company. The Patient started conservative chiropractic treatment under the auspices of Conrad Kothmann, DC on 7-21-03. Chiropractic treatment continued through March of 2003.

On 4-15-03, bilateral lower extremity NCV/EMG testing was performed demonstrating “acute right L5 motor radiculopathy.” Chiropractic treatment continued.

On 6-20-03, The Patient was evaluated by Jerjis Denno, M.D. The Patient reported low back pain radiating into the right leg and big toe. Diagnosis was “pre-existing” spondylolisthesis at L5-S1 “aggravated” by the 3-24-03 work event. Chiropractic treatment continued through September of 2004.

On 10-28-04, Dr. Milliams performed a RME.

A re-evaluation by the chiropractor dated 2-28-05 demonstrated ongoing back pain and bilateral buttock pain rated 5-6/10. Lumbar flexion produced some tingling in the buttocks bilaterally. Kemp’s was positive.

On 7-28-05, the chiropractic documentation reports left-sided buttock pain radiating into the left knee. The chiropractor recommended repeat lower extremity NCV/EMG testing. On 8-31-05, the patient reported localized lumbar pain into the left gluteal region (centralization).

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of pre-authorization request for repeat lower extremity EMG/NCV testing (95861).

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE / BASIS FOR THE DECISION

Based on the available records, The Reviewer does not think the repeat NCV/EMG testing is not reasonable or necessary for multiple reasons. First, the reviewer fails to see how the results of the electrodiagnostic test will change the ultimate treatment strategy in this case. Second, the last physical examination performed by the chiropractor demonstrates low back pain and buttock pain without any distal symptoms to support a diagnosis of radiculopathy. Third, the patient is clearly neurologically intact in regards to reflex testing and motor testing. Additionally, there is clearly no inter-tester consistency of sensory dysfunction in The Patient's lower extremity. Fourth, The Patient is > 4 years status-post work injury and has a documented spinal disease of life. Any left lower extremity symptoms currently experienced have absolutely nothing to do with the compensable work injury 07-20-01. Fifth, the actual need for electrodiagnostic testing is dependent on both the time that has passed since the date of injury and on the injured employees documented clinical condition. The Reviewer believes The Patient's 'documented clinical condition' does not support additional diagnostic testing.

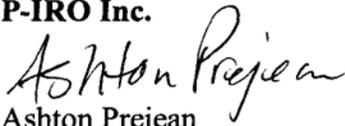
CERTIFICATION BY OFFICER

P-IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. P-IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of P-IRO Inc., I certify that there is no known conflict between the Reviewer, P-IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

P-IRO is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer

Cc: [Claimant]

Brad Burdin, D.C.
Attn: Jessica
Fax: 210-690-0399

Old Republic Ins. CO/ESIS Ins.
Attn: Marshall Wiggins
Fax: 972-465-7701

Your Right To Appeal

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.

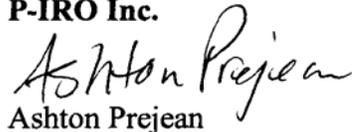
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the 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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 1st day of November, 2005.

Name and Signature of P-IRO Representative:

Sincerely,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer