



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0150-01
NAME OF REQUESTOR: Paul Raymond, D.C.
NAME OF PROVIDER: Paul Raymond, D.C.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 11/02/05

Dear Dr. Raymond:

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 and the provider, the injured employee, the injured

M2-06-0150-01

Page Two

patient'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 Ben Tiongson, M.D. at the Pain Reduction Center dated 10/25/04, 11/22/04, 12/14/04, 01/25/05, 02/22/05, 03/22/05, 04/07/05, 05/03/05, 06/01/05, and 06/28/05

X-rays of the lumbar spine performed on 10/28/04 and interpreted by Edward C. Fritsch, Jr., D.C.

An MRI of the lumbosacral spine dated 11/03/04 and interpreted by M. Samer Ghafir, M.D.

An EMG/NCV study of the lower extremities performed on 11/23/04 by Meyer L. Proler, M.D.

Operative reports for lumbar epidural steroid injections (ESIs) dated 03/16/05 and 05/18/05 from Dr. Tiongson

A Functional Abilities Evaluation (FAE) dated 04/21/05 from an unknown provider (no name or signature was available)

A Designated Doctor Evaluation with Walter Kane, M.D. on 04/25/05

An evaluation with Richard Francis, M.D. dated 04/26/05 at Spine Associates of Houston, L.L.C.

A review determination from SRS dated 05/04/05

Another review determination from Beth Doll, R.N. from SRS dated 07/19/05

A letter "To Whom It May Concern" dated 10/14/05 from Paul Raymond, D.C.

Clinical History Summarized:

On 10/25/04, Dr. Tiongson evaluated the patient and diagnosed him with lumbar radiculopathy with bilateral L5 and S1 nerve root irritation, lumbar facet dysfunction, lumbar disc disruption, lumbar myofasciitis, and a history of gastric ulcers. Gabitril, Robaxin, and Celebrex were prescribed. An MRI of the lumbar spine on 11/03/04 revealed disc space narrowing with posterior disc bulging/spondylitic changes at L3-L4 of 2 to 3 mm. At L4-L5, there was decreased disc space narrowing with posterior spondylitic changes and moderate left foraminal encroachment with slight foraminal narrowing. An EMG/NCV study on 11/23/04 suggested left L4-L5 radiculopathy. On 02/22/05, Dr. Tiongson noted the patient responded well to the first ESI on the left at L4-L5 and a second ESI was recommended, which was performed on 03/16/05.

M2-06-0150-01

Page Three

Dr. Kane performed a Designated Doctor Evaluation on 04/25/05. He felt the patient had not reached Maximum Medical Improvement (MMI) and would benefit from a discogram at L3-L4 and L4-L5 to evaluate the need for surgery. On 04/26/05, Dr. Francis recommended the two level discogram, as well. SRS provided an adverse determination for the lumbar discogram with post discogram CT scan on 05/04/05. The patient received the third ESI on the left at L4-L5 on 05/18/05 from Dr. Tiongson. On 07/19/05, SRS upheld its adverse determination regarding the lumbar discogram with post discogram scan. On 10/14/05, Dr. Raymond addressed a letter "To Whom It May Concern" and noted the discogram had been recommended by the Designated Doctor and Dr. Francis. He noted the patient continued to demonstrate localized lumbosacral pain at the L3-L4 and L4-L5 level and he also recommended approval of the discogram with post discogram CT scan.

Disputed Services:

A discogram with post discogram CT scan at L2-L3, L3-L4, L4-L5, and L5-S1

Decision:

I disagree with the requestor. The discogram with post discogram CT scan at L2-L3, L3-L4, L4-L5, and L5-S1 is neither reasonable nor necessary as related to the original injury.

Rationale/Basis for Decision:

Discogram would be an effective mechanism for determining painful discs before treating them surgically. There was conflicting evidence in the scientific literature, but it has been shown to be effective in some cases. However, an individual must of completed aggressive nonsurgical care such as strengthening protocol. He must have exhausted all conservative care and must be a good surgical candidate. This patient would not be a good surgical candidate, having multilevel degenerative disease. There was disc dehydration at more than two levels, which would indicate that surgical treatment would be neither reasonable nor necessary. In addition, there was not adequate documentation of strengthening. In my opinion, in this situation, the multilevel discogram requested would be neither reasonable nor necessary as related to the original injury.

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.

M2-06-0150-01

Page Four

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 11/02/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel