



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0296-01
NAME OF REQUESTOR: Frank Gonzalez, D.C.
NAME OF PROVIDER: Frank Gonzalez, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 12/16/05

Dear Dr. Gonzalez:

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 Licensed in Chiropractics 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:

An MRI of the lumbar spine interpreted by Varadareddy T. Reddy, M.D. dated 06/22/05
An EMG/NCV study interpreted by Abdul Kadir, M.D. dated 06/29/05
TWCC-73 forms from Frank Gonzales, D.C. dated 06/29/05 and 08/30/05
Evaluations with Brian S. Murrell, M.D. dated 07/05/05, 07/12/05, 07/27/05, 08/03/05, 09/08/05, and 09/15/05
An evaluation with J. Scott Smith, M.D. dated 07/13/05
Functional Capacity Evaluations (FCEs) with Dr. Gonzales dated 08/25/05, 09/23/05, and 10/25/05
A psychosocial/mental evaluation with Paul A. Jurek, Ph.D. dated 08/30/05
A request for preauthorization by Dr. Gonzales on 09/02/05
Letters of denial from The Hartford dated 09/02/05 and 09/12/05
An evaluation with Robert J. Henderson, M.D. dated 09/12/05
Chiropractic treatment with Dr. Gonzales dated 09/28/05, 09/30/05, 10/03/05, 10/05/05, 10/20/05, 10/25/05, and 10/31/05
An undated letter to the IRO from Dr. Gonzales
An undated addendum to the preauthorization request from Dr. Gonzales

Clinical History Summarized:

An MRI of the lumbar spine interpreted by Dr. Reddy on 06/22/05 revealed an L4-L5 disc herniation. An EMG/NCV study interpreted by Dr. Kadir on 06/29/05 was normal. Dr. Murrell recommended a Medrol Dosepak and possible injections on 07/05/05. An L4-L5 lumbar epidural steroid injection (ESI) was performed by Dr. Murrell on 07/27/05. A left SI joint injection was recommended by Dr. Murrell on 08/03/05. During an FCE on 08/25/05, Dr. Gonzales recommended a work hardening program. Mr. Jurek also recommended a work hardening program on 08/30/05. The Hartford wrote letters of denial for the work hardening program on 09/02/05 and 09/12/05. A left SI joint injection was performed by Dr. Murrell on 09/08/05. Dr. Henderson recommended Celebrex 200 mg. and continued active rehabilitation on 09/12/05. Based on another FCE with Dr. Gonzales on 09/23/05, a work hardening program was again recommended. Chiropractic treatment was performed with Dr. Gonzales from 09/28/05

through 10/31/05 for a total of eight sessions. A third FCE was performed with Dr. Gonzales on 10/25/05 and again a work hardening program was recommended. Dr. Gonzales provided an undated letter to the IRO regarding the recommendation for the work hardening program. On another unknown date, Dr. Gonzales provided an addendum to his preauthorization request for the work hardening program.

Disputed Services:

A work hardening program five times a week for six weeks for four hours a day

Decision:

I agree with the requestor. The work hardening program five times a week for six weeks for four hours a day would be reasonable and necessary as related to the original injury.

Rationale/Basis for Decision:

According to the records reviewed, the patient was injured on ___ and received both active and passive treatment to the injured areas. The patient was referred for an FCE on 08/25/05 that revealed the patient was functioning at the light physical demand level. The patient's job as an electrician requires that he function at the medium physical demand level. In addition, the patient had a mental evaluation on 08/30/05 to see if he was a candidate for a work hardening program. The results from the evaluation revealed that he indeed was a candidate for the program.

According to the American Physical Therapy Association's (APTA) guidelines for work hardening programs, to be eligible for the program a patient must have a targeted job or a job plan to return to work, have demonstrated the ability or willingness to participate, and have identified physical, functional behavior, and vocational deficits that interfere with work. After review of the medical records, it is clear the patient was willing to participate in the program. He had a target job (electrician) to which he was to return to work and from the FCE dated 08/25/05, he had functional and physical limitations which would interfere with his work.

In short, the patient met the APTAs eligibility guidelines for entrance into a work hardening program and thus the work hardening program five times a week for six weeks for four hours a day is reasonable and necessary to treat this patient.

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 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 12/16/05 the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel