



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0312-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Anthony Esquibel, D.C.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 12/28/05

Dear Ms. ____:

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 the provider, the injured employee, the injured

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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 cervical spine interpreted by Randolph Leone, M.D. dated 06/19/96
Evaluations with Paul Liechty, D.C. dated 01/31/97, 08/16/00, 09/13/00, and 09/17/00
An MRI of the lumbar spine interpreted by Joel H. Carp, M.D. dated 02/12/99
An occupational evaluation with Julie Dubas, O.T.R. dated 02/17/99
Evaluations with Peter B. Polatin, M.D. dated 02/23/99, 03/04/99, 03/18/99, 05/06/99, and 07/01/99
A letter from Tom G. Mayer, M.D. dated 02/25/99
Evaluations with Dr. Mayer dated 03/04/99, 03/11/99, 07/13/99, 10/13/99, and 03/15/00
A Designated Doctor Evaluation with David W. Strausser, M.D. dated 03/10/99
Evaluations with Robert Viere, M.D. dated 09/29/99, 03/29/00, and 07/26/00
A Designated Doctor Evaluation with Rolf K. Naley, M.D. dated 07/31/00
A TWCC-73 form filed by Dr. Liechty dated 09/29/00
An evaluation with Benjamin A. Agana, M.D. dated 11/29/00
A clarification report from Dr. Naley dated 09/21/01
Evaluations with Anthony Esquibel, D.C. dated 03/25/04, 12/20/04, 08/02/05, and 09/20/05
TWCC-73 forms filed by Dr. Esquibel dated 09/24/04, 10/08/04, 11/08/04, 11/22/04, 12/06/04, 12/20/04, and 08/02/05
An evaluation with John A. Sazy, M.D. dated 09/15/05
A behavioral medicine evaluation with Nicole Mangum, Ph.D. and Jeanne Selby, Ph.D. dated 09/15/05
Letters of non-authorization from Argus Services Corporation dated 09/28/05 and 10/19/05

Clinical History Summarized:

An MRI of the cervical spine interpreted by Dr. Leone on 06/19/96 revealed prominent disc bulges at C4-C5 and C5-C6 and small disc bulges at C3-C4 and C6-C7. Dr. Liechty recommended chiropractic treatment on 01/31/97. An MRI of the lumbar spine interpreted by Dr. Carp on 02/12/99 revealed mild multilevel disc desiccation. Dr. Polatin recommended Paxil 20 mg. and continued Naprelan and Skelaxin on 02/23/99. Dr. Polatin switched from Paxil to

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Effexor on 03/04/99. On 03/10/99, Dr. Strausser felt the patient was at Maximum Medical Improvement (MMI) as of 01/27/99 with a 0% whole person impairment rating. On 05/06/99, Dr. Polatin noted the patient had completed a PRIDE program and was continued on Effexor. On 07/01/99, Dr. Polatin noted the patient had been off Effexor for three weeks. Dr. Viere recommended an evaluation with a physical medicine and rehabilitation doctor on 07/26/00. On 07/31/00, Dr. Naley felt the patient was at MMI as of 05/08/99 with an 11% whole person impairment rating. Dr. Agana recommended continued anti-depressant therapy and a home exercise program on 11/29/00. On 09/21/01, Dr. Naley changed his impairment rating to 7%, but kept the same date of MMI. Dr. Sazy recommended MRIs of the cervical and lumbar spine and right shoulder on 09/15/05. Dr. Mangum and Dr. Selby recommended a minimum of six weeks of individual psychotherapy on 09/15/05. Argus Services Corporation provided letters of non-authorization for the cervical, lumbar, and right shoulder MRIs on 09/28/05 and 10/19/05.

Disputed Services:

Cervical, lumbar, and right shoulder MRIs

Decision:

I disagree with the requestor. The cervical, right shoulder, and lumbar MRIs would be neither reasonable nor necessary.

Rationale/Basis for Decision:

The patient had a cervical strain, a right shoulder strain, and a lumbar strain at the time of injury. There were no objective findings. The patient was noted to be extremely depressed, very passive, and had no focal physical findings other than her depression. Her symptoms eventually resolved. The only positive findings at the time were degenerative changes. In my opinion, her current symptoms are not related to the slip and fall of _____. There were, more likely than not, related to her degenerative changes. There was no evidence stating those complaints would reasonably conclude that the current complaints have been related to the strain that occurred nine years prior. Physiologically, this was not possible.

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.

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This decision by the reviewing physician with Professional Associates is deemed to be a Division 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 12/28/05 from the office of Professional Associates.

Sincerely,

Amanda Grimes
Secretary/General Counsel