



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-0372-01  
**NAME OF REQUESTOR:** Robert G. Johnson, M.D.  
**NAME OF PROVIDER:** Robert G. Johnson, M.D.  
**REVIEWED BY:** Board Certified in Orthopedic Surgery  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 12/28/05

Dear Dr. Johnson:

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:**

A CT scan of the lumbar spine interpreted by Greg Godwin, M.D. dated 06/02/99  
An evaluation with an unknown physician (the signature was illegible) dated 09/18/03  
Evaluations with Robert G. Johnson, M.D. dated 09/24/03, 11/05/03, 12/17/03, 01/08/04, 03/04/04, 06/15/04, 09/30/04, 12/02/04, 12/16/04, 12/21/04, and 01/06/05  
An MRI of the cervical spine interpreted by Dr. Godwin on 10/08/03  
An MRI of the lumbar spine interpreted by Dr. Godwin on 10/17/03  
A cervical MRI review by Richard A. Suss, M.D. dated 12/04/03  
A Required Medical Evaluation (RME) with Charles W. Kennedy, M.D. dated 01/28/04  
Evaluations with Dmitriy Buyanov, M.D. dated 02/16/04, 04/12/04, 05/14/04, 07/06/04, 08/05/04, and 04/06/05  
An operative report from Dr. Buyanov dated 04/09/04  
A Designated Doctor Evaluation with Stephen A. Carter, M.D. dated 06/29/04  
An EMG/NCV study interpreted by Cornelius Matwijecky, M.D. dated 07/06/04  
An RME with Peter B. Robinson, M.D. dated 09/10/04  
Letters of denial from Corvel dated 12/21/04 and 01/13/05  
An MRI of the cervical spine interpreted by David Mitchell, M.D. dated 12/29/04  
A request for surgery authorization form from Dr. Johnson dated 01/11/05  
A letter of appeal from Dr. Johnson dated 01/19/05  
Letters written "To Whom It May Concern" from Dr. Johnson dated 06/21/05, 07/19/05, and 10/11/05  
A Decision and Order letter from Melissa DeLeon, Hearing Officer at DWC, dated 09/30/05  
A letter from Dean G. Pappas & Associates, P.C. dated 12/07/05

#### **Clinical History Summarized:**

A CT scan of the lumbar spine by Dr. Godwin on 06/02/99 showed a previous laminectomy at L5-S1 with bone grafting. The MRI by Dr. Godwin on 10/08/03 showed a small to moderate disc herniation along the central and left paracentral disc margin at C5-C6. A lumbar MRI by

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Dr. Godwin on 10/17/03 showed extensive postoperative changes at L5-S1 and a small to moderate protrusion or disc herniation at L4-L5. In an RME with Dr. Kennedy on 01/28/04, he felt the cervical condition was work related and recommended an exercise program, physical therapy, NCV studies, a Cortisone injection to the shoulder, and epidural steroid injections (ESIs). A cervical ESI was performed by Dr. Buyanov on 04/09/04. On 06/15/04, Dr. Johnson stated the insurance carrier was denying further care for the patient and he disagreed with that. Dr. Carter, a Designated Doctor, felt the patient was not at Maximum Medical Improvement (MMI) as of 06/29/04 because she was pending ESIs. An EMG/NCV study with Dr. Matwijecky on 07/06/04 revealed left C6-C7 and C7-C8 radiculopathy. An RME with Dr. Robinson on 09/10/04 revealed the patient was at MMI with a 0% whole person impairment rating. On 09/30/04, Dr. Johnson noted the insurance carrier was denying treatment to the neck, but he recommended some therapy and some ESIs. On 12/02/04, Dr. Johnson disagreed with the date of MMI and the impairment rating. Corvel provided letters of denial for a C5-C6 discectomy and fusion on 12/21/04 and 01/13/05. An MRI of the cervical spine interpreted by Dr. Mitchell on 12/29/04 revealed a left paracentral disc protrusion with indentation of the thecal sac at C5-C6 and an osteophyte on the right at C4-C5 leading to neural foraminal narrowing. On 01/11/05, Dr. Johnson wrote a request for surgery. Dr. Johnson wrote a letter of appeal for the surgery on 01/19/05. On 04/06/05, Dr. Buyanov recommended a series of cervical ESIs and an EMG/NCV study. Dr. Johnson wrote further letters regarding his position on the surgery on 06/21/05 and 07/19/05. A Decision and Order form from DWC on 09/30/05 indicated the patient's case was denied. Mr. Pappas discussed the rationale of the denials from Corvel on 12/07/05.

**Disputed Services:**

A C5-C6 cervical discectomy and fusion using several plates with VG 2 reveal plates

**Decision:**

I agree with the requestor. The C5-C6 cervical discectomy and fusion using several plates with VG 2 reveal plates would be reasonable and necessary.

**Rationale/Basis for Decision:**

As a matter of law, the Texas Department of Insurance, Division of Workers' Compensation, San Antonio field office, has issued a decision and order the compensable injury should include the disc herniation at C5-C6. Therefore, one must consider the patient's symptoms, which are transitory, but consistent with this disc herniation. She has an MRI that showed degenerative

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changes at C5-C7. She has electrodiagnostic studies that show cervical radiculopathy in the mid to lower cervical spine, also consistent with this anterior cervical discectomy and fusion. Her current complaints, as a matter of law, it has been established as causal. Therefore, the proposed anterior cervical discectomy and fusion would be reasonable and 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.

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.

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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,

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Amanda Grimes  
Secretary/General Counsel