



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-0381-01  
**NAME OF REQUESTOR:** \_\_\_\_\_  
**NAME OF PROVIDER:** Carlos Viesca, M.D.  
**REVIEWED BY:** Board Certified in Orthopedic Surgery  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 12/19/05

Dear Mr. \_\_\_\_:

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

**M2-06-0381-01**

**Page Two**

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:**

Evaluations with Carlos O. Viesca, M.D. dated 09/28/05, 10/04/05, 10/07/05, and 11/02/05  
Nurses notes from Bill Kissentaner, B.S., R.N. dated 10/04/05, 10/05/05, 10/06/05, 10/18/05, 10/19/05, 10/22/05, 11/24/05, 11/30/05, and 12/01/05  
An evaluation with Dean E. Smith, M.D. dated 10/26/05  
A letter of non-authorization from Mr. Kissentaner at Genex Services dated 10/04/05  
A reconsideration decision from Mr. Kissentaner dated 10/20/05  
A letter written to Gallagher Basset Services from Dr. Viesca dated 11/02/05

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

On 09/28/05, Dr. Viesca recommended bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections (ESIs), Lirica 75 mg., Ultram 50 mg., and physical therapy. Mr. Kissentaner wrote a letter of non-authorization for the lumbar ESIs on 10/04/05 and 10/20/05. Dr. Viesca continued to recommend the injections on 10/07/05. Dr. Smith agreed with the recommendation for ESIs on 10/26/05. On 11/02/05, Dr. Viesca wrote a letter "To Whom It May Concern" regarding his position on the lumbar ESIs. On 12/01/05, Mr. Kissentaner also denied the purchase of an RS4I muscle stimulator unit, based on his nurse's notes.

#### **Disputed Services:**

An injection anesthetic epidural, lumbar/sacral level 1, fluoroscopically guided needle-spine injection procedure

#### **Decision:**

I agree with the requestor. The injection anesthetic epidural, lumbar/sacral level 1, fluoroscopically guided needle-spine injection procedure would be reasonable and necessary as related to the original injury.

**M2-06-0381-01**

**Page Three**

**Rationale/Basis for Decision:**

I believe there has been reasonable medical evidence to support a single ESI at L5-S1. According to Resnick et. al. *Journal of Neurosurgical Spine*, June of 2005, Pages 707-715, there is some indication that the use of lumbar epidural injections could provide short term relief in selective patients with chronic lower back pain. It was to be used as an adjunct prior to physical therapy. In this situation, a single epidural injection followed by aggressive physical therapy 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

**M2-06-0381-01**

**Page Four**

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 12/19/05 from the office of Professional Associates.

Sincerely,

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Lisa Christian  
Secretary/General Counsel