

P-IRO

An Independent Review Organization
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December 28, 2005

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee

TDI-DWC #

MDR Tracking #:

M2-06-0417-01

IRO #:

5312

P-IRO, Inc. has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Worker's Compensation (DWC) has assigned this case to P-IRO for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

P-IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Provider board certified and specialized in Chiropractic Care. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by The Requestor, Respondent, and Treating Doctor(s), including: Peer reviews from Maury Guzick DC and Michele Doone DC, PPE dated 10/20/2005, evaluation and notes from Jason Eaves DC, notes and surgical notes from Urfan Dar MD, Lumbar CT and MRI, evaluation and ESI notes from Dennis Karasek MD, Bone Scan, independent review from Envoy Medical Systems.

CLINICAL HISTORY

This is a 40 year old female who was injured on the job on ___ while working as a machine operator. She states she was on a ladder when she slipped and fell down the ladder and struck the steps with her back and tailbone.

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of concurrent care for 20 sessions of work hardening.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer agrees with the peer reviews by both Dr. Guzick and Dr. Doone, that due to The Patient's high pain levels and functional limitations. The Patient does not appear to be a reasonable candidate for work hardening, and is unlikely to benefit from this program and achieve appropriate return to work goals. Medically necessary treatment should include a reasonable positive outcome. With The Patient's high pain levels, it is unreasonable to assume The Patient's pain levels would be reduced with this program and possibly safely return to work without the fear or risk of re-injury. The *Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters* dictate the timeline and parameters for a safe referral into this program. In The Reviewers Opinion, the services in dispute are not reasonable or medically necessary.

Screening Criteria

1. Specific:

- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

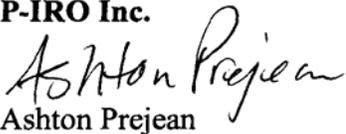
CERTIFICATION BY OFFICER

P-IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. P-IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of P-IRO Inc., I certify that there is no known conflict between the Reviewer, P-IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

P-IRO is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer

Cc: San Antonio Spine & Rehab
Attn: Lori
Fax: 210-921-0398

Liberty Ins. Corp. / Liberty Mutual Group
Attn: Carolyn Guard
Fax: 574-258-5349

Your Right To Appeal

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.

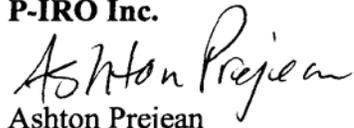
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 28th day of December, 2005.

Name and Signature of P-IRO Representative:

Sincerely,

P-IRO Inc.

A handwritten signature in cursive script that reads "Ashton Prejean".

Ashton Prejean

President & Chief Resolutions Officer