



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0503-01
NAME OF REQUESTOR: Cameron Jackson, D.C.
NAME OF PROVIDER: Cameron Jackson, D.C.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 01/18/06

Dear Dr. Jackson:

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 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.

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REVIEWER REPORT

Information Provided for Review:

An MRI of the lumbar spine interpreted by Vidya Kamath, M.D. dated 05/17/93
An MRI of the thoracic spine interpreted by Dr. Kamath dated 04/21/97
X-rays of the cervical spine interpreted by Alice B. Viroslav, M.D. dated 07/17/98
A barium swallow report interpreted by Barry Jay Menick, M.D. dated 03/29/99
X-rays of the cervical spine interpreted by Gladys S. Sepulveda, M.D. dated 06/02/99
X-rays of the cervical spine interpreted by Dr. Menick dated 08/03/99
A CT scan of the cervical spine interpreted by John H. Gurian, M.D. dated 08/20/99
Evaluations with Raul G. Martinez, M.D. dated 03/02/00, 03/12/03, 04/09/03, 06/13/03, 07/07/03, 08/08/03, 10/01/03, 11/21/03, 02/11/04, 05/05/04, 07/28/04, 10/20/04, 01/12/05, 04/13/05, 07/13/05, and 10/05/05
A patient information form dated 03/03/03
X-rays of the cervical spine interpreted by Anthony F. Smith, M.D. dated 05/29/03
Physical therapy evaluations with Joseph Alejos, P.T. dated 05/02/05, 07/07/05, 07/19/05, and 08/16/05
A letter of medical necessity from Dr. Martinez dated 07/25/05
A psychological evaluation with Melissa F. DeLeon, L.P.C.-I., Mary Ann Spears-Howell, Ph.D., and James Flowers, M.A., L.P.C. dated 07/27/05
An addendum report from Ms. DeLeon and Mr. Flowers dated 10/05/05
Letters of denial from Lena Hurst, Claims Representative at St. Paul Travelers, dated 10/13/05 and 11/02/05
A request for consideration letter from Cameron L. Jackson, D.C. dated 10/26/05
A request for an MDR from Dr. Jackson dated 01/03/06

Clinical History Summarized:

An MRI of the lumbar spine interpreted by Dr. Kamath on 05/17/93 revealed spondylolisthesis by the posterior margin of the sacrum and a posterior central disc bulge at L4-L5. An MRI of the thoracic spine interpreted by Dr. Kamath on 04/21/97 was unremarkable. X-rays of the cervical spine interpreted by Dr. Viroslav on 07/17/98 revealed post cervical fusion at C3 through C6 with instrumentation. X-rays of the cervical spine interpreted by Dr. Sepulveda on 06/02/99 were unchanged. Further x-rays of the cervical spine interpreted by Dr. Menick on 08/03/99 revealed possible lucency adjacent to the C6 screws and likely instability at C7-T1. A CT scan of the cervical spine interpreted by Dr. Gurian on 08/20/99 was normal. On 03/02/00, Dr. Martinez recommended a trial of Methadone and possible spinal cord stimulation. Oxycontin

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and Norco were prescribed by Dr. Martinez on 03/12/03. Cervical spine x-rays interpreted by Dr. Smith on 05/29/03 were again unremarkable. As of 01/12/05, Dr. Martinez noted the patient was still taking Norco and Oxycontin. Physical therapy was recommended by Dr. Martinez on 04/13/05. On 07/25/05, Dr. Martinez wrote a letter of medical necessity for a multidisciplinary pain management program. On 07/27/05, Ms. DeLeon, Dr. Spears-Howell, and Mr. Flowers recommended six sessions of individual psychotherapy. On 10/05/05, Dr. Martinez continued the patient on Oxycontin and Norco and recommended the pain program. Ms. Hurt, Claims Adjuster for St. Paul Travelers, wrote a letter of denial for the chronic pain management program on 10/13/05 and 11/02/05. On 10/26/05, Dr. Jackson wrote a request for reconsideration of the pain program.

Disputed Services:

Thirty sessions of a chronic pain management program

Decision:

I disagree with the requestor. Thirty sessions of a chronic pain management program is neither reasonable nor necessary.

Rationale/Basis for Decision:

At this time, a chronic pain management program would be neither reasonable nor necessary. The patient has had extensive treatment in the almost 13 years since his injury. The objective criterion of his Beck depression score was mild. The patient has already been treated for his work related depression. At this time, there was no indication that a chronic pain management program would change his current condition. In my opinion, the chronic pain management program was not reasonable or necessary in regard to the 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.

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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 01/18/06 from the office of Professional Associates.

Sincerely,

Amanda Grimes
Secretary/General Counsel