



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0589-01
NAME OF REQUESTOR: Health Trust, L.L.P.
NAME OF PROVIDER: Cameron Jackson, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 02/20/06

Dear Health Trust, L.L.P.:

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 Licensed in the area of Chiropractics 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

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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.

REVIEWER REPORT

Information Provided for Review:

Evaluations and treatment with Larry Gordon, D.C. dated 08/10/04, 06/07/05, 06/09/05, 06/15/05, and 06/22/05

MRIs of the cervical and lumbar spines interpreted by Mario E. Bertoni, M.D. dated 08/16/04

An evaluation with Willie Hawkins, M.D. dated 08/26/04

A request for services from James Flowers, M.A., L.P.C. dated 03/11/05

A notice of disputed issue(s) and refusal to pay benefits form from Texas Mutual dated 03/15/05

Group therapy notes from Sherry Guenther, M.S., L.P.C. dated 04/14/05, 04/21/05, 05/05/05, and 05/13/05

A weekly work hardening summary from Cheng Lee, D.C. dated 05/03/05

A letter of non-authorization from Annette Rangel, L.V.N. at Texas Mutual dated 06/21/05

A Designated Doctor Evaluation with Jianzhang Xu, M.D. dated 06/29/05

Individual therapy progress notes from Ms. Guenther dated 08/26/05, 09/09/05, 09/16/05, and 10/12/05

A letter of non-authorization from JoAnne Harrison, Nurse at Texas Mutual dated 11/01/05

A request for consideration letter from Cameron L. Jackson, D.C. dated 11/08/05

Another letter of non-authorization from Texas Mutual dated 11/16/05

An evaluation with William R. Francis, Jr., M.D. dated 12/23/05

A letter of non-authorization from LaTreace E. Giles, R.N. at Texas Mutual dated 01/27/06

Clinical History Summarized:

Chiropractic therapy was performed with Dr. Gordon from 08/10/04 through 06/22/05 for a total of five sessions. An MRI of the cervical spine interpreted by Dr. Bertoni on 08/16/04 revealed multilevel disc disease and disc bulges from C3 through C6. An MRI of the lumbar spine interpreted by Dr. Bertoni on 08/16/04 revealed facet fluid and early facet hypertrophic changes from L3 through S1. On 03/11/05, Mr. Flowers recommended a 30 day chronic pain

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management program. Group therapy was performed with Ms. Guenther from 04/14/05 through 05/13/05 for a total of four sessions. On 06/21/05, Ms. Rangel from Texas Mutual, provided a letter of non-authorization for a pain management program. On 06/29/05, Dr. Xu placed the patient at Maximum Medical Improvement (MMI) at that time with a 6% whole person impairment rating. Individual therapy was performed with Ms. Guenther from 08/26/05 through 10/12/05 for a total of four sessions. On 11/01/05, Ms. Harrison from Texas Mutual provided another letter of non-authorization for the pain management program. Dr. Jackson provided a request for reconsideration of the pain management program on 11/08/05. However, Texas Mutual provided a letter of non-authorization on 11/16/05. On 12/23/05, Dr. Francis recommended anti-inflammatory medications, a home exercise program, and surgery. On 01/27/06, Ms. Giles wrote a letter stating that Texas Mutual was maintaining its position of non-authorization for the pain management program.

Disputed Services:

Thirty sessions of a chronic pain management program

Decision:

I disagree with the requestor. The 30 sessions of the chronic pain management program would be neither reasonable nor necessary.

Rationale/Basis for Decision:

After review of the medical records provided, it is found that the patient was injured on _____. The patient received treatment to her injured areas, which included active and passive therapy and a work hardening program. The treatment in question is a chronic pain management program of 30 sessions as being medically necessary to treat this patient. According to the Institute for Clinical Systems Improvement, 2005, a chronic pain patient must have assessments for functional and psychological factors prior to being referred for a chronic pain management program to determine whether or not the patient would benefit from the program. While the patient met the criteria for the psychological factors for a chronic pain program, there was no additional information in the records (FCE, PPE, reevaluations) to show the patient still had physical deficits that would benefit from a chronic pain program. The last functional evaluation according to the records reviewed was performed on 05/03/05 and showed the only goal not met at that time was the ability to perform 180 minutes of job simulations. At the time the patient

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completed her four sessions of counseling, it was five months after she completed that assessment. Without an up to date physical functional assessment, there is not enough evidence to show the patient meets all the criteria for entrance into a chronic pain program, according to the previously stated guidelines.

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 02/20/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel