



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-0616-01  
**NAME OF REQUESTOR:** \_\_\_\_\_  
**NAME OF PROVIDER:** Robert Urrea, M.D.  
**REVIEWED BY:** Board Certified in Orthopedic Surgery  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 03/10/06

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.

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:**

Physical therapy with Thomas Marcos, P.T. dated 08/02/05

Evaluations with A.I. Saheba, M.D. dated 08/04/05 and 08/11/05

Evaluations with Sergio Ortiz, D.C. dated 08/15/05, 08/29/05, 09/12/05, 09/26/05, and 01/10/06

Chiropractic therapy with Dr. Ortiz dated 08/15/05, 08/16/05, 08/17/05, 08/18/05, 08/19/05, 08/22/05, 08/29/05, 08/30/05, 08/31/05, 09/01/05, 09/06/05, 09/07/05, 09/08/05, 09/19/05, 09/22/05, 09/23/05, 09/26/05, 09/28/05, and 10/05/05

Low back questionnaire, range of motion study, and lift strength evaluation with Dr. Ortiz dated 09/08/05

An MRI of the lumbar spine interpreted by Kiron S. Master, M.D. dated 09/13/05

An addendum to the lumbar MRI interpreted by Sandro B. Parisi, M.D. dated 09/13/05

Evaluations with Robert E. Urrea, M.D. dated 10/10/05, 11/02/05, and 11/09/05

Letters of non-authorization from Jordan Trafimow, M.D. at Zurich Services Corporation dated 11/04/05 and 11/29/05

A Designated Doctor Evaluation with Wilford C. LaRock, D.C. dated 12/19/05

A letter of carrier's position from S. Rhett Robinson, of Flahive, Ogden & Latson Attorneys at Law, dated 01/18/06

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

Physical therapy was performed with Mr. Marcos on 08/02/05. On 08/04/05, Dr. Saheba recommended Biofreeze, Ibuprofen, and modified work duty. On 08/15/05, Dr. Ortiz recommended chiropractic therapy that was performed from 08/15/05 through 10/05/05 for a total of 19 sessions. An MRI of the lumbar spine interpreted by Dr. Master on 09/13/05 showed mild foraminal narrowing at L5-S1. An addendum MRI interpreted by Dr. Parisi on 09/13/05 also showed a disc protrusion at L5-S1, an annular tear at L4-L5, and a mild disc bulge at L2-L3. On 10/10/05 and 11/02/05, Dr. Urrea recommended a lumbar facet block and an epidural steroid injection (ESI). Dr. Trafimow at Zurich wrote letters of non-authorization for the facet block and ESI dated 11/04/05 and 11/29/05. On 12/19/05, Dr. LaRock felt the patient was not at

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Maximum Medical Improvement (MMI) and noted he was pending the injections with Dr. Urrea. On 01/18/06, Mr. Robinson wrote a letter regarding the injections and requested a Contested Case Hearing (CCH).

**Disputed Services:**

Lumbar ESI and lumbar facet blocks

**Decision:**

I disagree with the requestor. The lumbar ESI and lumbar facet blocks would be neither reasonable nor necessary.

**Rationale/Basis for Decision:**

According to The North American Spine Society Phase III Guidelines For Multidisciplinary Specialists in treating chronic lower back pain, basic therapy should not be tried until adequate conservative care has been finished. This patient has not undergone appropriate strengthening exercises. The patient has undergone a significant amount of chiropractic care, but by and large, there was very little in the way of exercise therapy.

Second of all, there was no indication for either injection. According to The Internal Spinal Injection Society Guidelines, an ESI would not be the first test or procedure in the treatment of axial lower back pain. There was very little efficacy in this situation. Secondly, the patient has no evidence of facet disease. Facet joint injections are only indicated if there was specific disease within the facets that would yield to some suspicion that they were the source of lower back pain. This patient has, more likely than not, discogenic lower back pain that would be alleviated by the use of exercise and anti-inflammatory medications.

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.

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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.

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 03/10/06 from the office of Professional Associates.

Sincerely,

Lisa Christian  
Secretary/General Counsel