



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0714-01
NAME OF REQUESTOR: Robert Henderson, M.D.
NAME OF PROVIDER: Robert Henderson, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 03/10/06

Dear Dr. Henderson:

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

M2-06-0714-01

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:

An Employer's First Report of Injury or Illness dated 04/21/01

An emergency room visit with an unknown provider (the signature was illegible) dated 04/23/01
Evaluations with Bob Hollander, D.C. dated 04/26/01, 05/10/01, 05/30/01, 06/07/01, 06/25/01, 07/05/01, 07/19/01, 07/25/01, 08/08/01, 08/13/01, 08/16/01, 08/30/01, 09/20/01, 09/28/01, 10/12/01, 10/25/01, 11/08/01, 12/08/01, 12/10/01, 12/28/01, 01/08/02, 01/22/02, 01/29/02, 02/05/02, 02/19/02, 03/05/02, 03/19/02, 04/02/02, 04/30/02, 05/06/02, 05/14/02, 05/24/02, 05/28/02, 06/11/02, 06/25/02, 07/09/02, 07/17/02, 07/24/02, 08/20/02, and 10/29/02

Chiropractic treatment with Dr. Hollander dated 04/26/01, 04/30/01, 05/04/01, 05/05/01, 05/11/01, 05/16/01, 05/21/01, 05/22/01, 05/30/01, 06/08/01, 06/11/01, 06/13/01, 06/15/01, 06/25/01, 06/27/01, 07/06/01, 08/28/01, 09/11/01, 09/21/01, 09/28/01, 10/05/01, 10/17/01, 11/15/01, 11/20/01, 11/26/01, 11/29/01, 12/05/01, 12/10/01, 01/19/02, 01/31/02, 04/01/02, 04/10/02, 04/19/02, 04/26/02, 05/18/02, 07/29/02, 07/31/02, 08/09/02, 08/13/02, 08/19/02, 08/23/02, 08/29/02, 08/30/02, 09/03/02, 09/04/02, 09/06/02, 09/09/02, 09/10/02, 09/20/02, 09/24/02, and 09/27/02

Evaluations with Richard Bartlett, M.D. dated 04/26/01, 05/10/01, 07/26/01, and 08/16/01

A prescription from an unknown chiropractor (the signature was illegible) dated 05/07/01

Functional Capacity Evaluations (FCEs) with Dr. Hollander dated 05/09/01 and 08/21/01

MRIs of the lumbar spine and sacrum interpreted by Varadareddy T. Reddy, M.D. dated 06/08/01

A preauthorization request letter from Dr. Hollander dated 06/11/01

Evaluations with Rudolph Cartwright, M.D. dated 06/27/01 and 08/06/01

An unknown program with Dr. Hollander for the weeks of 07/09/01 through 07/13/01, 07/16/01 through 07/20/01, 07/23/01 through 07/27/01, 07/30/01 through 08/03/01, 08/06/01 through 08/10/01, and 08/13/01 through 08/17/01

An EMG/NCV study interpreted by Dr. Hollander dated 07/10/01

A psychological evaluation with Richard R. Stafford, Ph.D. dated 07/11/01

Evaluations with Joseph Oei, M.D. dated 10/11/01, 10/25/01, 11/08/01, 12/06/01, 01/03/02, and 02/28/02

M2-06-0714-01

Page Three

A letter "To Whom It May Concern" from Dr. Oei dated 10/22/01

A note of medical necessity from Dr. Oei dated 02/18/02

Evaluations with J. Scott Smith, M.D. dated 03/20/02, 05/23/02, 06/12/02, 07/10/02, 08/07/02, 08/28/02, 10/11/02, 02/25/04, 03/17/04, 04/07/04, and 06/18/04

MRIs of the lumbar spine interpreted by Dr. Reddy dated 04/08/02 and 03/12/04

A Designated Doctor Evaluation with James Cable, M.D. dated 04/11/02

Laboratory studies dated 05/24/02

A behavioral health evaluation with Kirk Coverstone, Ph.D. dated 05/24/02

A physical therapy evaluation with an unknown therapist (the signature was illegible) dated 05/28/02

An operative report from Dr. Smith dated 05/28/02

Physical therapy with the unknown therapist dated 05/30/02 and 05/31/02

Evaluations with an unknown provider in the hospital dated 05/30/02, 05/31/02, and 06/01/02

A therapy discharge note from the unknown therapist dated 06/01/02

A note from Dr. Cable dated 07/18/02

Individual psychotherapy notes from David Davis, L.P.C. dated 08/19/02 and 10/02/02

An evaluation with an unknown provider (the signature was illegible) dated 08/19/02

Evaluations with Brian S. Murrell, M.D. dated 09/20/02, 11/21/02, 01/29/03, 03/26/03, 05/23/03, and 07/21/03

An impairment rating report from Dr. Hollander dated 11/22/02

A Designated Doctor Evaluation with Jack McCarty, D.O. dated 01/07/03

An operative report from Carl D'Agostino, M.D. dated 06/09/04

Evaluations with Dr. D'Agostino dated 06/16/04, 07/21/04, 09/07/04, 09/21/04, 11/04/04, 01/27/05, 03/28/05, 06/07/05, 07/19/05, 08/30/05, 10/25/05, and 01/24/06

X-rays of the abdomen that were interpreted by Dr. Marlon Hughes (no credentials were listed) dated 06/17/04

A Required Medical Evaluation (RME) performed by Dmitry Golovko, M.D. dated 11/12/04

X-rays of the lumbar spine interpreted by Sajjadul Islam, M.D. dated 12/05/05

An evaluation with Robert J. Henderson, M.D. dated 12/07/05

Letters of adverse determination from UniMed Direct, L.L.C. dated 12/15/05 and 12/23/05

Clinical History Summarized:

Chiropractic therapy was performed with Dr. Hollander from 04/26/01 through 09/27/02 for a total of 51 sessions. On 04/26/01, Dr. Bartlett prescribed Vioxx, Robaxin, Neurontin, and Restoril. An FCE with Dr. Hollander on 05/09/01 revealed the patient could function in the sedentary physical demand level. An MRI of the lumbar spine interpreted by Dr. Reddy on 06/08/01 revealed a disc herniation and spinal canal stenosis at L4-L5 and a disc protrusion at

M2-06-0714-01

Page Four

L3-L4. The sacrum MRI was normal. On 06/11/01, Dr. Hollander recommended surgery. An NCV study interpreted by Dr. Hollander on 07/10/01 was unremarkable. On 08/06/01, Dr. Cartwright recommended an MRI of the lumbosacral spine and an EMG/NCV study of both lower extremities. On 08/21/01, Dr. Hollander recommended a work hardening program. Epidural steroid injections (ESIs) were performed by Dr. Oei on 10/11/01, 10/25/01, and 11/08/01. On 01/03/02, Dr. Oei recommended approval of a nerve root block at L3-L4 and L4-L5. On 03/20/02, Dr. Smith recommended a repeat lumbar MRI and possible surgery. A repeat MRI of the lumbar spine interpreted by Dr. Reddy on 04/08/02 revealed diffuse disc bulging with protrusions at L3-L4 and L4-L5 with associated moderate stenosis. Dr. Cable placed the patient at Maximum Medical Improvement (MMI) as of 04/11/02 with a 10% whole person impairment rating. On 05/24/02, Dr. Coverstone recommended six sessions of individual therapy and biofeedback. On 05/28/02, Dr. Smith performed surgery at L3-L4 and L4-L5. On 07/10/02, Dr. Smith recommended physical therapy. On 07/18/02, Dr. Cable rescinded his date of MMI due to the surgery. Individual psychotherapy was performed with Mr. Davis dated 08/19/02 and 10/02/02. Dr. Smith felt the patient was at MMI on 10/11/02. On 11/22/02, Dr. Hollander placed the patient at MMI with a 25% whole person impairment rating. On 01/07/03, Dr. McCarty agreed with the date of MMI, but assigned the patient a 10% whole person impairment rating. Dr. Murrell provided Ambien, Bextra, Lortab, and Valium on 01/29/03. A repeat MRI of the lumbar spine performed on 03/12/04 and interpreted by Dr. Reddy revealed a recurrent disc herniation, scar formation, and stenosis at L3-L4 and L4-L5. A lumbar ESI was performed by Dr. D'Agostino on 06/09/04. On 07/21/04, Dr. D'Agostino provided Lortab and Keppra. A selective nerve root injection was recommended by Dr. D'Agostino on 09/21/04. Dr. Golovko performed an RME on 11/12/04 and recommended an aggressive home exercise program and continued medications. X-rays of the lumbar spine interpreted by Dr. Islam on 12/05/05 revealed early degenerative disc disease from L3 through S1 and early osteoarthritis in the SI joints. On 12/07/05, Dr. Henderson recommended an updated MRI of the lumbar spine. On 12/15/05 and 12/23/05, UniMed, L.L.C. provided letters of adverse determination regarding the MRI.

Disputed Services:

A lumbosacral MRI

Decision:

I disagree with the requestor. The lumbosacral MRI would be neither reasonable nor necessary.

M2-06-0714-01

Page Five

Rationale/Basis for Decision:

The patient had an MRI that had been obtained after surgery at Midland Imaging Center on 03/12/04. This showed hemilaminectomies on the left side at L3-L4 and L4-L5 with scar formation and a recent disc herniation. There was scar tissue. This was interpreted by Dr. Reddy. There have been no changes in the patient's situation since that time. There was no further surgical procedure that will help her. A repeat MRI will not change the patient's situation, will not yield new therapeutic benefit, and would not be medically reasonable or necessary.

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:

M2-06-0714-01

Page Six

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