

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0793-01
NAME OF REQUESTOR: Robert J. Henderson, M.D.
NAME OF PROVIDER: Robert J. 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

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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:

Evaluations with Linden Dillin, M.D. dated 12/31/02, 01/23/04, 02/27/04, 04/06/04, 04/23/04, 05/24/04, 06/28/04, 06/29/04, 01/10/05, 02/14/05, 02/21/05, 03/21/05, and 12/07/05

An operative note from Dr. Dillin dated 04/21/04

Letters written "To Whom It May Concern" from Clarence J. Brooks, M.D. dated 07/20/04, 12/23/04, 03/23/05, 11/30/05, and 01/26/06

Evaluations with Dr. Brooks dated 07/20/04, 09/13/04, 12/17/04, 01/18/05, 03/23/05, 07/20/05, 08/16/04, 10/27/04, 09/14/05, and 11/30/05

An evaluation with Andrea Halliday, M.D. dated 09/20/04

An MRI of the lumbar spine interpreted by Dr. Barry Burton Putegnat (no credentials were listed) dated 07/19/05

A lumbar CT myelogram interpreted by Dr. Tommy E. Moore (no credentials were listed) dated 07/22/05

A discharge summary from Dr. Brooks dated 08/01/05

Evaluations with Robert J. Henderson, M.D. dated 08/22/05 and 12/09/05

Letters of denial from Corvel dated 01/11/06 and 01/19/06

A letter from Ronald M. Johnson at Flahive, Ogden & Latson Attorneys at Law dated 02/16/06

Another letter from S. Rhett Robinson at Flahive, Ogden & Latson dated 03/01/06

Clinical History Summarized:

On 12/31/02, Dr. Dillin recommended a neurosurgical evaluation. On 01/23/04, Dr. Dillin recommended an AC joint injection and possible surgery. Right shoulder surgery was performed by Dr. Dillin on 04/21/04. Dr. Halliday recommended a lumbar CT myelogram on 09/20/04. Dr. Dillin again recommended surgery on 01/10/05. On 03/23/05, Dr. Brooks noted the CT myelogram was still pending. An MRI of the lumbar spine interpreted by Dr. Putegnat on 07/19/05 revealed only operative changes. Dr. Brooks admitted the patient to the hospital on 07/20/05 and discharged him on 08/01/05. A CT myelogram interpreted by Dr. Moore on 07/22/05 revealed prominent L5-S1 disc space narrowing and operative changes at L4-L5 and

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L5-S1. On 08/01/05, Dr. Brooks recommended Hydrocodone, epidural steroid injections (ESIs), outpatient physical therapy, and a spinal surgery evaluation. On 08/22/05, Dr. Henderson recommended facet joint blocks and a possible lumbar discogram. Dr. Dillin performed a right AC joint injection on 12/07/05. On 12/09/05, Dr. Henderson recommended the lumbar discogram. Corvel wrote letters of denial for the discogram CT scan on 01/11/06 and 01/19/06. On 03/01/06, Mr. Robinson from Flahive Law Office noted a Contested Case Hearing (CCH) had been scheduled.

Disputed Services:

Discogram CT scan of the lower three intervertebral discs with L2-L3 only if necessary for control level

Decision:

I disagree with the requestor. The discogram CT scan of the lower three intervertebral discs with L2-L3 only if necessary as a control level would be neither reasonable nor necessary.

Rationale/Basis for Decision:

The discogram of the lower three intervertebral discs would be neither reasonable nor necessary. Flexion and extension x-rays that accompanied this file were normal. A CT myelogram performed for those complaints showed no abnormalities at those levels. Even if discography were normal at those levels, the results of fusion for abnormal discography in the face of normal other diagnostic imaging is poor. Therefore, I do not believe the patient would be a candidate for surgical intervention. Given the fact that he is not a candidate for surgical intervention, the discogram of the lower three lumbar discs would be neither reasonable nor necessary. This was a decision based upon my understanding of the Phase III, Clinical Guidelines for Multidisciplinary Spine Specialists of North American Spine Society and my understanding of the spinal literature.

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