



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0806-01
NAME OF REQUESTOR: Jacob Rosenstein, M.D.
NAME OF PROVIDER: Jacob Rosenstein, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO.: IRO 5288
DATE OF REPORT: 03/10/06

Dear Dr. Rosenstein:

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 Jacob Rosenstein, M.D. dated 04/30/04, 07/12/04, 12/14/04, 01/13/05, 12/14/05, and 01/05/06

A notification of review outcome from First Health dated 01/06/06

A notification of appeal outcome from First Health dated 01/20/06

A letter from Gregory Solcher, an attorney with Flahive, Ogden, and Latson dated 02/20/06

Clinical History Summarized:

On 04/30/04, Dr. Rosenstein recommended occipital nerve blocks, Lexapro, BuSpar, Darvocet, and Trazodone. Bilateral occipital nerve blocks were performed by Dr. Rosenstein on 07/12/04. On 12/14/04, Dr. Rosenstein prescribed Effexor, a topical ointment, and Robaxin. On 06/13/05 and 12/14/05, Dr. Rosenstein recommended cervical epidural steroid injections. Dr. Rosenstein had a medical conference on 01/05/06 regarding the need for the epidural steroid injections. On 01/06/06 and 01/20/06, First Health denied the cervical epidural steroid injections. A letter from Mr. Solcher on 01/20/06 indicated the denial would be upheld.

Disputed Services:

Cervical epidural steroid injection

Decision:

I disagree with the requestor. The cervical epidural steroid injection would be neither reasonable nor necessary.

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Rationale/Basis for Decision:

This claimant is currently 45-years-old, having undergone anterior cervical decompression and fusion at C5-C6 and C6-C7. The claimant has received a great deal of treatment, including occipital nerve blocks and trapezial trigger point injections. The claimant's pain has increased without any objective reason. Dr. Rosenstein has recommended epidural steroid injections. Those would be neither reasonable nor necessary at this time. According to the International Spinal Interventional Society, epidural steroid injections are neither reasonable nor necessary for the treatment of chronic pain. They are useful for the treatment of acute pain. They are not useful for axial pain and there was no evidence of radiculopathy. According to the guidelines for fusion procedures for the lumbar spine that was published in The Journal of Neurosurgery Spine, there was no indication for injections in the lumbar spine for chronic pain. Similarly, there was poor indication for the use of epidural steroids in the cervical spine. Utilizing the same criteria, I would believe that those injections would be neither reasonable nor necessary as related to the original 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.

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

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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 claimant 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