



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0869-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Robert LeGrand, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 04/06/06

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:

Evaluations with Robert H. LeGrand, M.D. dated 06/05/03, 12/18/03, 02/12/04, 04/22/04, 07/19/04, 09/16/04, 10/19/04, 11/11/04, 11/29/04, 12/13/04, 01/17/05, 03/28/05, 04/25/05, 05/26/05, 06/23/05, 07/05/05, 09/16/05, 10/31/05, 12/05/05, 12/19/05, 01/09/06, 02/09/06, and 03/02/06

Letters from Dr. LeGrand to Gordy Day, M.D. dated 10/27/03 and 11/24/03

An MRI of the cervical spine interpreted by J. Christopher Cole, M.D. dated 11/17/03

A cervical myelogram CT scan interpreted by Dr. Cole dated 12/10/03

Operative reports from Dr. LeGrand on 01/13/04, 10/29/04, 11/11/05, and 01/06/06

A cervical myelogram CT scan interpreted by an unknown provider (no name or signature was available) dated 10/29/04

Notices of non-authorization from Zurich dated 12/30/05 and 01/23/06

A letter from Flahive, Ogden & Latson dated 03/02/06

Clinical History Summarized:

On 06/05/03, Dr. LeGrand recommended x-rays and a cervical MRI. The MRI of the cervical spine interpreted by Dr. Cole on 11/17/03 was normal. Dr. Cole interpreted the myelogram CT scan on 12/10/03 that revealed mild attenuation of the nerve roots at C5-C5-C6 and C6-C7 with postoperative changes at those levels. On 01/13/04, Dr. LeGrand performed left C5-C6 and C6-C7 laminoforaminotomies and medial facetectomies for nerve root decompression. Another cervical myelogram CT scan interpreted by Dr. LeGrand on 10/29/04 revealed postsurgical changes at C5 to C7 with minimal extradural defects at C3-C4 and C4-C5 with slight nerve root sleeve amputation bilaterally at C4-C5 and on the right at C5-C6 and C6-C7. On 04/25/05, Dr. LeGrand noted the injections were denied. On 11/11/05 and 01/06/06, Dr. LeGrand performed a cervical epidural steroid injection (ESI). On 12/19/05, Dr. LeGrand recommended another cervical myelogram CT scan. On 12/30/05, Lawrence Scibilia, M.D. from Zurich wrote a notice of non-authorization of a repeat myelogram CT scan. On 02/09/06 and 03/02/06, Dr. LeGrand

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continued to recommend the myelogram CT scan. A letter of Medical Dispute Resolution (MDR) was filed by Flahive, Ogden & Latson Attorneys at Law on 03/02/06.

Disputed Services:

A cervical myelogram with CT scan

Decision:

I disagree with the requestor. The cervical myelogram with CT scan would be neither reasonable nor necessary.

Rationale/Basis for Decision:

This patient had laminectomy and foramintomy at C5-C6 and C6-C7. The medical literature indicates that he had cervical CT myelogram preoperatively and also one year ago. Those did not show any evidence of neurological compression. The patient has continued to be symptomatic. There was no evidence he would require any imaging at this time, as he has already been adequately studied. The CT myelogram on 10/29/04 was diagnostic and there has been no essential change since that time. Given the fact that neurological impingement has already been ruled out as a result of this injury, further imaging would be neither reasonable nor necessary and a CT myelogram is specifically neither reasonable nor 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.

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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 04/06/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel