



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0919-01
NAME OF REQUESTOR: Bexar County Healthcare Systems
NAME OF PROVIDER: Douglas Burke, D.C.
REVIEWED BY: Board Certified in Pain Management
Board Certified in Anesthesiology
Added Qualifications in Pain Medicine
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 04/13/06

Dear Bexar County Healthcare Systems:

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 Pain Management, Anesthesiology, and Pain Medicine and is currently listed on the DWC Approved Doctor List.

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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 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:

A Designated Doctor Evaluation with Alan G. Berg, D.O. dated 10/13/05
An evaluation with Scott E. Persinger, L.C.S.W. dated 11/30/05
An evaluation with Khym Zarzuela, D.O. dated 12/01/05
An evaluation with an unknown provider (the signature was illegible) dated 12/01/05
A Physical Performance Evaluation (PPE) with James Lee, P.T. dated 12/01/05
A letter of preauthorization request for a pain management program from JoAnne Harrison, L.V.N. at Texas Mutual Insurance Company dated 12/27/05
A request for an appeal of the pain management program from Mr. Persinger dated 01/05/06
Another letter of denial for the pain management program from Patti Thomason, L.V.N. at Texas Mutual dated 01/11/06
A procedure note from Dmitriy Buyanov, M.D. dated 01/23/06
An evaluation with Dennis R. Gutzman, M.D. dated 02/06/06
An evaluation with Dr. Buyanov dated 02/28/06
An evaluation with Bruce G. Kinzy, M.D. dated 03/02/06
A request for an IRO from LaTreace E. Giles, R.N. at Texas Mutual dated 04/03/06

Clinical History Summarized:

On 10/13/05, Dr. Berg felt the patient was at Maximum Medical Improvement (MMI) with a 0% whole person impairment rating. On 11/30/05, Mr. Persinger recommended a chronic pain management program. On 12/01/05, Dr. Zarzuela started the patient on Wellbutrin XR and also felt she was a candidate for the pain management program. Ms. Harrison from Texas Mutual denied the request for 10 pain management sessions on 12/27/05. On 01/05/06, Mr. Persinger wrote an appeal for the pain management program. On 01/11/06, Ms. Thomason from Texas Mutual denied the pain management program. Dr. Buyanov performed L3, L4, L5, and S1

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bilateral medial branch blocks of the lumbar facet joints on 01/23/06. On 02/06/06, Dr. Gutzman recommended an IDET procedure or open surgery. On 02/28/06, Dr. Buyanov recommended another lumbar facet block, possible radiofrequency ablation of the facet joints, and a lumbar discogram. On 03/02/06, Dr. Kinzy kept the patient on restrictions, Motrin, and Soma. Ms. Giles from Texas Mutual recommended an IRO on 04/03/06.

Disputed Services:

Ten sessions of a chronic behavioral pain management program

Decision:

I disagree with the requestor. The ten sessions of a chronic behavioral pain management program would not be reasonable or necessary.

Rationale/Basis for Decision:

This patient has clearly not exhausted all medical treatment options. In fact, she has actively been and currently undergoing medical treatment and, in fact, was being considered for further diagnostic testing, as a work up for possible lumbar spine surgery. Additionally, she has, as Mr. Persinger indicated, not had any attempt at lesser levels of psychological care. A chronic pain management program would not be medically reasonable or necessary unless the patient had exhausted all appropriate medical treatment options and also had a trial of lesser levels of psychological care. In this case, clearly neither of those criteria has been met and, therefore, there was no medical reasonable or necessity for any chronic pain management program sessions. Regardless of the patient's alleged psychological state, which has clearly not been adequately diagnosed due to the lack of sufficient mental status and psychological testing, the fact that this patient was still actively undergoing treatment and being considered for further invasive diagnostic testing was a clear contraindication for admission to a chronic pain management program. There was no medical reason or necessity for admission to a chronic pain program when a patient has still been undergoing active medical treatment and invasive diagnostic testing, factors which clearly prove all medical treatment options have not been exhausted.

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.

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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:

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 04/13/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel