



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0942-01
NAME OF REQUESTOR: Todd Bear, D.C.
NAME OF PROVIDER: Todd Bear, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 04/06/06

Dear Dr. Bear:

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 Licensed in Chiropractics 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:

An Employer's First Report of Injury or Illness form dated _____
Evaluations with Harold Walton, M.D. dated 09/13/05, 09/15/05, 09/19/05, 10/10/05, 10/31/05, 12/14/05, 01/24/06, and 03/02/06
X-rays of the lumbar spine interpreted by Eugene Shih, M.D. dated 09/16/05
CT scans of the abdomen and pelvis interpreted by Hai Nguyen, M.D. dated 09/17/05
Laboratory studies provided by Dr. Walton dated 09/17/05
An MRI of the lumbar spine interpreted by Vinh Le, M.D. dated 09/19/05
Letters from Monica De La Patilla at Pasadena Independent School District dated 09/29/05 and 10/03/05
A DWC-73 form from Kyler S. Knight, M.D. dated 09/29/05
A prescription for physical therapy from Dr. Knight dated 09/29/05
A physical therapy evaluation with Amy Hudak, P.T. dated 10/05/05
Physical therapy with Ms. Hudak dated 10/05/05, 10/07/05, and 10/10/05
A pathology report from Quest Diagnostics dated 10/10/05
Laboratory studies from Quest Diagnostics dated 10/31/05 and 12/14/05
DWC-73 forms from Todd L. Bear, D.C. dated 11/09/05, 12/14/05, 01/18/06, and 02/27/06
Physical therapy with an unknown provider (the signature was illegible) dated 11/09/05, 11/11/05, 11/14/05, 11/16/05, 11/18/05, 11/21/05, 11/23/05, 11/28/05, 11/30/05, 12/02/05, 12/05/05, 12/07/05, 12/14/05, 12/16/05, 12/19/05, 12/21/05, 12/27/05, 01/03/06, 01/04/06, 01/09/06, 01/11/06, 01/13/06, 01/16/06, and 01/18/06
A letter written to the insurance carrier from Dr. Knight dated 11/17/05
An EMG/NCV study interpreted by Meyer L. Proler, M.D. dated 11/29/05
Pain management evaluations with Andrew McKay, M.D. dated 12/05/05, 01/23/06, and 02/20/06
An operative report with Dr. McKay dated 01/05/06
A letter of medical necessity from Dr. Bear dated 01/13/06
Letters of preauthorization from TASB dated 01/17/06 and 01/31/06
Mammograms interpreted by Glenda M. Goodine, M.D. on 01/26/06 and 02/07/06

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Clinical History Summarized:

X-rays of the lumbar spine interpreted by Dr. Shih on 09/16/05 revealed mild lumbar spondylosis. A CT scan of the abdomen and pelvis interpreted by Dr. Nguyen on 09/17/05 revealed a focal area of low attenuation within the pancreatic head. An MRI of the lumbar spine interpreted by Dr. Le on 09/19/05 revealed a small disc extrusion posterior to the T12 vertebral consistent with an annular disc tear at T12-L1. Physical/aquatic therapy was performed with Ms. Hudak on 10/05/05, 10/07/05, and 10/10/05. Physical therapy was performed with an unknown therapist from 11/09/05 through 01/18/06 for a total of 24 sessions. An EMG/NCV study interpreted by Dr. Proler on 11/29/05 revealed right S1 radiculitis. On 12/05/05, Dr. McKay recommended bilateral lumbar facet joint injections, Darvocet, and Skelaxin. The injections were performed by Dr. McKay on 01/05/06. On 01/13/06, Dr. Bear wrote a letter of medical necessity for an infrared heating system and therapeutic lumbar support belt with thermal underlay, along with a brace, cervical pillow, and mattress overlay. On 01/17/06 and 01/31/06, TASB wrote a letter of denial for further physical therapy. Dr. McKay recommended post injection therapy on 01/23/06, along with Lidoderm patches. A mammogram on 01/26/06 interpreted by Dr. Goodine revealed a nodular density in the lower half of the right breast. Another mammogram with Dr. Goodine on 02/07/06 revealed a small simple cyst in the right breast. On 02/20/06, Dr. McKay recommended continuation on a home exercise program.

Disputed Services:

Physical therapy (codes 97010, 97035, and 97014) three times a week for four weeks

Decision:

I disagree with the requestor. The physical therapy codes 97010, 97035, and 97014 would be neither reasonable nor necessary.

Rationale/Basis for Decision:

According to the medical records provided for my review, the patient injured her low back on _____. She had multiple treatments to the lumbar spine from 09/12/05 through the end of December 2005. The patient had lumbar facet injections on 01/05/06. The treatments in questions include hot/cold packs (97010), electric muscle stimulation (97014), and ultrasound (97035) for 12 visits. According to the North American Spine Society Phase III Clinical Guidelines for Multidisciplinary Spine Care Specialist, 2003, this patient, at the time in which the treatments in questions were initially proposed, was in the tertiary phase of care. This phase

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of care has interventions, which include facet injections. While post injectional therapy is an intervention, which can be performed within this phase, the medical records does not give any rationale as to why this patient actually needed the therapy in question. The medical records reviewed after the facet injection was performed actually states the patient was improved (minimal to moderate). There was no reevaluation performed to show the patient had any edema, joint stiffness, spasms, etc which required an additional 12 visits of the previously stated treatments. In short, the proposed treatments (97010, 97014, 97035) three times a week for four weeks would not be medically necessary to treat this patient.

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:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

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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