PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-1052-01
NAME OF REQUESTOR:	Eric VanderWerff, D.C.
NAME OF PROVIDER:	Eric VanderWerff, D.C.
REVIEWED BY:	Licensed by the Texas State Board of Chiropractic Examiners
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	05/04/06

Dear Dr. VanderWerff:

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 the area of 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

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:

EMG/NCV studies interpreted by Sherine Boyd Reno, M.D. dated 04/07/05 and 08/01/05
An MRI of the lumbar spine interpreted by W. Crysup Sory, M.D. dated 05/03/05
Evaluations with Dr. Reno dated 07/27/05 and 09/19/05
An evaluation with Kevin Gill, M.D. dated 12/14/05
A behavioral health evaluation with Sandra K. Young-Whigham, L.C.S.W. dated 01/12/06
A Functional Capacity Evaluation (FCE) with Adrian Olivares, D.C. dated 01/16/06
Evaluations with Miguel B. Banta, Jr., M.D. dated 01/17/06 and 01/31/06
Preauthorization requests from Eric A. VanderWerff, D.C. dated 02/08/06 and 03/03/06
Letters of denial from Health Direct, Inc. dated 02/13/06 and 03/09/06
A letter from S. Rhett Robinson at Flahive, Ogden & Latson Attorneys at Law dated 03/28/06
An IRO position statement/narrative from Dr. VanderWerff dated 04/12/06
An undated letter of clarification from Dr. Reno

Clinical History Summarized:

An EMG/NCV study interpreted by Dr. Reno on 04/07/05 revealed left S1 radiculopathy. An MRI of the lumbar spine interpreted by Dr. Sory dated 05/03/05 revealed disc dehydration and a protrusion at L4-L5 and L5-S1 with a possible annular fissure or tear. On 07/27/05, Dr. Reno recommended lumbar epidural steroid injections (ESIs), bilateral SI joint injections, and post-injection therapy. An EMG/NCV study interpreted by Dr. Reno on 08/01/05 revealed more pronounced right S1 radiculopathy. On 12/14/05, Dr. Gill recommended a chronic pain management program. On 01/12/06, Ms. Young-Whigham also recommended a pain management program. On 01/17/06, Dr. Banta recommended lumbar ESIs. On 01/31/06, Dr. Banta recommended a six week pain management program. Dr. VanderWerff provided a preauthorization request for a chronic pain management on 02/08/06 and 03/03/06. Health Direct, Inc. wrote letters of denial for the pain management program on 02/13/06 and 03/09/06. Mr. Robinson at Flahive, Ogden & Latson wrote a letter requesting a Contested Case Hearing

(CCH) on 03/28/06. On 04/12/06, Dr. VanderWerff wrote an IRO statement/narrative. Dr. Reno also provided an undated letter of clarification.

Disputed Services:

Thirty sessions of a chronic pain management program

Decision:

I agree with the requestor. The thirty sessions of a chronic pain management program would be reasonable and necessary.

Rationale/Basis for Decision:

Based upon the documentation provided, it appeared the patient's condition was such that more invasive type of treatment, namely in the form of surgical intervention, would not be appropriate for this condition due to his complicating factors of diabetes, as well as his dependence on nicotine. Based upon the ACOEM Guidelines, the requirements for a chronic pain management program and the Texas Labor Code, it appeared the patient would qualify for a chronic pain management program. Therefore, the proposed thirty sessions of a chronic pain management program would be reasonable and necessary as related to the original injury and the patient would be entitled to such.

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

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 05/04/06 from the office of Professional Associates.

Sincerely,

_____
Lisa Christian
Secretary/General Counsel