



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1085-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Robert Urrea, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 04/27/06

Dear Ms. ____:

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

M2-06-1085-01

Page Two

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 undated Employer's First Report of Injury or Illness form
Evaluations with Robert E. Urrea, M.D. dated 09/22/99, 10/04/99, 10/18/99, 11/05/99, 04/19/00, 05/11/00, 07/13/00, 08/02/00, 11/05/02, 01/07/03, 02/14/03, 03/07/03, 04/02/03, 04/16/03, 05/12/03, 06/11/03, 09/10/03, 09/23/03, 11/04/03, 11/12/03, 12/31/03, 01/30/04, 02/23/04, 04/26/04, 05/14/04, 07/05/04, 07/23/04, 12/06/04, 01/19/05, 03/08/05, 04/25/05, 06/01/05, 07/11/05, 07/28/05, 09/14/05, 11/02/05, 11/30/05, 12/23/05, 01/16/06, 01/23/06, 02/20/06, and 03/06/06

A patient discharge instruction summary from Sergio Ibarra, M.D. dated 01/25/00

A letter from Harry Koster, L.P.T. dated 05/18/00

A Functional Capacity Evaluation (FCE) with Luis Marioni, D.C. dated 07/27/00

An MRI of the lumbar spine interpreted by Hugo E. Isuani, M.D. dated 11/27/02

An MRI of the cervical spine interpreted by Dr. Isuani dated 02/27/03

A lumbar discogram CT scan interpreted by Richard Cohen, M.D. and Dr. Isuani dated 03/13/03

A notice of IRO dated 06/24/03

X-rays of the lumbar spine interpreted by Ralph Feil, M.D. dated 10/28/03

Procedure notes from Dr. Urrea dated 10/28/03, 06/08/04, 07/23/04, 09/28/04, and 10/13/05

X-rays of the lumbar spine interpreted by James Kountoupis, M.D. dated 07/23/04

Letters of non-authorization from Argus Services dated 02/17/06 and 03/07/06

Clinical History Summarized:

On 09/22/99, Dr. Urrea recommended continued wrist splinting, Celebrex, and light work duty. An FCE with Dr. Marioni on 07/27/00 determined the patient could function in the light medium physical demand level. The lumbar MRI interpreted by Dr. Isuani on 11/27/02 showed disc derangement and desiccation, a midline anterior tear, and a disc herniation/protrusion. An MRI of the cervical spine interpreted by Dr. Isuani on 02/27/03 was unremarkable. A lumbar discogram CT scan interpreted by Dr. Cohen and Dr. Isuani on 03/13/03 revealed disc degeneration at L5-S1 with annular tearing at all levels and a disc herniation/protrusion at L4-L5

M2-06-1085-01

Page Three

and L5-S1. Spinal surgery was recommended by Dr. Urrea on 04/02/03 and 11/12/03. On 10/28/03, Dr. Urrea performed an L5-S1 epidural steroid injection (ESI) and bilateral L4-L5 and L5-S1 facet blocks. On 06/08/04, Dr. Urrea performed an endoscopic discectomy with annuloplasty at L4-L5 on the right and L5-S1 bilaterally. A lumbar ESI was performed by Dr. Urrea on 07/23/04. Bilateral facet blocks were performed by Dr. Urrea on 09/28/04 and 10/13/05. On 06/01/05, Dr. Urrea performed a right sided episacral lipoma injection. On 12/23/05, Dr. Urrea recommended a right SI joint injection. Argus Services provided notices of non-authorization for a right SI joint injection on 02/17/06 and 03/07/06.

Disputed Services:

SI joint injection

Decision:

I disagree with the requestor. The SI joint injection is neither reasonable nor necessary.

Rationale/Basis for Decision:

The SI joint injection requested by Dr. Urrea on 03/02/06 was neither reasonable nor necessary. In addition, SI joint injections are usually not therapeutic. They are not recommended in most instances, as they do not provide lasting curative effect to the area. This has been based on the medical criteria from the ISIS Guidelines, especially in regard to the use of sacroiliac joint injections.

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.

M2-06-1085-01

Page Four

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 04/27/06 from the office of Professional Associates.

Sincerely,

Amanda Grimes
Secretary/General Counsel