



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1102-01
NAME OF REQUESTOR: E. Ray Strong, D.C.
NAME OF PROVIDER: E. Ray Strong, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 04/27/06

Dear Dr. Strong:

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

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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:

MRIs of the cervical spine, lumbar spine, and thoracic spine interpreted by Rafath Quraishi, M.D. dated 10/11/05

Evaluations with Jorge E. Tijmes, M.D. dated 11/01/05, 11/08/05, 11/29/05, 12/27/05, and 02/07/06

An EMG/NCV study interpreted by Zuka Khabbaze, M.D. dated 12/14/05

Evaluations with Fernando T. Avila, M.D. dated 01/03/06, 02/07/06, 02/28/06, and 03/07/06

A Required Medical Evaluation (RME) with Gregory S. Goldsmith, M.D. dated 01/06/06

Evaluations with E. Ray Strong, D.C. dated 02/06/06, 02/08/06, 02/16/06, and 03/08/06

A preauthorization request from Dr. Strong dated 02/13/06

Letters of denial from Corvel dated 02/15/06 and 03/06/06

An evaluation with Humberto Tijerina, M.D. dated 02/21/06

A request for reconsideration letter from Dr. Strong dated 03/02/06

A letter of medical necessity from Dr. Tijmes dated 03/07/06

Letters from Flahive, Ogden & Latson Attorneys at Law dated 03/31/06 and 04/18/06

A response to the IRO assignment from Dr. Strong dated 04/17/06

Clinical History Summarized:

MRIs of the cervical spine, lumbar spine, and thoracic spine interpreted by Dr. Quraishi on 10/11/05 revealed a disc herniation at C6-C7, disc bulges at C5-C6 and C4-C5, a disc herniation at L4-L5 and L5-S1, and mild spondylosis of the thoracic spine. On 11/01/05, Dr. Tijmes recommended Ultracet, Celebrex, rehabilitation, and possible cervical and lumbar spine surgery. An EMG/NCV study interpreted by Dr. Khabbaze dated 12/14/05 was normal. On 01/08/06, Dr. Avila recommended lumbar epidural steroid injections (ESIs), a cervical selective nerve root block, and physical therapy. Dr. Goldsmith recommended a series of trigger point injections on 01/06/06. Dr. Tijmes continued to recommend ESIs and possible surgery on 02/07/06. Trigger point injections were performed by Dr. Avila on 02/07/06. On 02/08/06, Dr. Strong recommended physical therapy. On 02/15/06 and 03/06/06, Corvel wrote a letter of denial for

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the physical therapy. On 02/21/06, Dr. Tijerina recommended a home exercise and swimming exercise program. On 02/28/06, Dr. Avila recommended repeat trigger point injections and active rehabilitation. On 03/02/06 and 04/17/06, Dr. Strong wrote a request for consideration of the physical therapy. Trigger point injections were performed by Dr. Avila on 03/07/06. On 03/07/06, Dr. Tijmes wrote a letter of medical necessity for a cervical interbody fusion. On 03/31/06 and 04/18/06, Flahive, Ogden, and Latson wrote a letter maintaining their denial of the physical therapy.

Disputed Services:

Physical therapy three times a week for two weeks to consist of 97124 (2 units), 97035 (1 unit), 97032 (1 unit), and 97110 (4 units)

Decision:

I disagree with the requestor. Physical therapy three times a week for two weeks to consist of 97124 (2 units), 97035 (1 unit), 97032 (1 unit), and 97110 (4 units) would be neither reasonable nor necessary.

Rationale/Basis for Decision:

As indicated by the authorization denial from Corvel, the patient had undergone a significant amount of previous active rehabilitation, including over 40 sessions of care. The frequency and duration of such treatment was more than sufficient when compared to recommended treatment program through the ACOEM and ODGPT Guidelines. The patient's condition was going to progress with such conservative treatment that it would have been demonstrated within the 40 previous visits performed under Dr. Strong's care. Therefore, I do not feel that the request for physical therapy three times per week for two weeks, including active rehabilitation, massage, ultrasound, and electrical muscle stimulation would be reasonable or 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.

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

Sincerely,

Amanda Grimes
Secretary/General Counsel