

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-1155-01  
**NAME OF REQUESTOR:** Dean McMillan, M.D.  
**NAME OF PROVIDER:** Dean McMillan, M.D.  
**REVIEWED BY:** Board Certified in Physical Medicine and  
Rehabilitation  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 05/31/06

Dear Dr.McMillan:

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 Physical Medicine and Rehabilitation 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

**M2-06-1155-01**

**Page Two**

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:**

X-rays of the lumbar spine interpreted by Carlos Robert Hamilton, III, M.D. dated 09/28/04

A CT scan of the lumbar spine interpreted by Dr. Hamilton dated 09/29/04

Evaluations with Christopher S. Angelo, D.O. dated 10/06/04, 10/11/04, 10/18/04, 10/28/04, 01/10/05, 01/24/05, 02/21/05, 03/08/05, 03/31/05, 04/21/05, 05/15/05, 05/19/05, 06/10/05, and 09/08/05

Evaluations with John J. DeBender, M.D. dated 01/19/05, 03/16/05, and 04/14/05

An MRI of the lumbar spine interpreted by C. Tom Clayton, M.D. dated 02/22/05

An EMG/NCV study interpreted by Emile Mathurin, M.D. dated 02/28/05

Evaluations with Dean R. McMillan, M.D. dated 06/30/05, 07/14/05, 08/16/05, 09/15/05, 10/18/05, 11/17/05, 12/20/05, 01/17/06, 01/26/06, 02/28/06, 03/28/06, 04/27/06, and 05/12/06

A Designated Doctor Evaluation with Muntaz Ali, M.D. dated 08/09/05

Chiropractic therapy with Dipti Patel, D.C. dated 08/12/05, 08/15/05, 08/16/05, 08/18/05, 08/22/05, 08/23/05, 08/26/05, 08/29/05, 09/01/05, 09/02/05, 09/07/05, 09/09/05, 09/10/05, 09/12/05, 09/15/05, 09/16/05, 09/19/05, 09/26/05, 09/30/05, 10/01/05, 10/03/05, 10/07/05, 10/08/05, 10/10/05, 10/11/05, 10/14/05, 10/17/05, 10/18/05, 10/21/05, 10/24/05, 10/26/05, 10/28/05, 10/31/05, 11/01/05, 11/04/05, 11/07/05, 11/08/05, 11/12/05, 11/14/05, 11/18/05, 11/23/05, 11/25/05, 11/28/05, and 11/29/05

An evaluation with Dr. Patel dated 08/18/05

Evaluations with Issan Shanti, M.D. dated 08/26/05, 09/09/05, 10/07/05, 10/21/05, and 11/04/05

Letters of review determination from The Hartford dated 10/06/05, 01/31/06, and 02/28/06

Lumbar epidural steroid injections (ESIs) with Dr. Shanti dated 10/13/05 and 11/10/05

A physical therapy evaluation with Timothy Meekins, L.P.T. dated 10/14/05

A letter of clarification from Dr. Ali dated 10/20/05

Mental health evaluations with Denise Turboff, M.Ed., L.P.C. dated 11/01/05 and 02/09/06

Evaluations with Stephen I. Esses, M.D. dated 01/05/06, 04/10/06, and 04/24/06

A request for consideration letter from Dr. McMillan dated 01/20/06

A lumbar CT scan interpreted by K. Francis Lee, M.D. dated 02/09/06

**M2-06-1155-01**

**Page Three**

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

A bone scan interpreted by Dr. Lee dated 02/20/06

Medication prescriptions from Dr. McMillan dated 03/27/06 and 04/27/06

**Clinical History Summarized:**

X-rays of the lumbar spine interpreted by Dr. Hamilton on 09/28/04 revealed mild scoliosis and moderate spondylosis. A CT scan of the lumbar spine interpreted by Dr. Hamilton on 09/29/04 revealed a bulging annulus and hypertrophy at L4-L5 with degenerative changes in the lumbar spine. On 01/19/05, Dr. DeBender recommended an MRI of the lumbar spine, an EMG/NCV study, stronger anti-inflammatories and muscle relaxants, possible physical therapy, and possible ESIs. An MRI of the lumbar spine interpreted by Dr. Clayton on 02/22/05 revealed moderate loss of signal and mild narrowing at L4-L5 with spondylolisthesis at that level, along with a disc bulge at L5-S1. An EMG/NCV study interpreted by Dr. Mathurin on 02/28/05 revealed right L5 radiculopathy. On 08/09/05, Dr. Ali placed the patient at Maximum Medical Improvement (MMI) with a 10% whole person impairment rating. Chiropractic therapy was performed with Dr. Patel from 08/12/05 through 11/29/05 for a total of 44 sessions. On 09/09/05, Dr. Shanti recommended continued physical therapy and bilateral L5 transforaminal injections. On 10/06/05, The Hartford wrote a letter of partial approval for a one sided L5 transforaminal injection, not bilaterally. Lumbar ESIs were performed by Dr. Shanti on 10/13/05 and 11/10/05. On 11/01/05, Ms. Turboff recommended a chronic pain management program. On 01/05/06, Dr. Esses recommended a CT scan of the lumbar spine and SPECT bone scan. On 01/20/06, Dr. McMillan wrote a letter of reconsideration for 20 sessions of a chronic pain management program. On 01/31/06, The Hartford wrote a letter of approval for the CT scan and SPECT bone scan. The CT scan interpreted by Dr. Lee was performed on 02/09/06 and revealed stenosis and a disc bulge at L4-L5, mild stenosis at L5-S1, and minimal disc bulging at L2-L3 and L3-L4. On 02/09/06, Ms. Turboff continued to recommend a pain management program. A bone scan performed on 02/20/06 and interpreted by Dr. Lee was unremarkable. On 02/28/06, The Hartford wrote a letter of adverse determination for the pain management program. On 04/10/06, Dr. Esses recommended surgery.

**Disputed Services:**

Twenty sessions of a chronic pain management program

**M2-06-1155-01**

**Page Four**

**Decision:**

I agree with the requestor. The 20 sessions of a chronic pain management program would be reasonable and necessary.

**Rationale/Basis for Decision:**

Following review of the medical records provided, it is my opinion that enrollment in a pain program appears to be reasonable and necessary for this patient. The reasons concerning this decision are based on the fact that the patient has had a lumbar injury with a presentation of chronic pain. The patient also had physical therapy, oral medications, steroid injections, and has also apparently participated in individual psychotherapy. A psychiatric evaluation did diagnosis major depressive disorder and a pain disorder due to psychological factors and a general medical condition. Under the circumstances, 20 sessions of a chronic pain management program would be an appropriate form of treatment to render. I would assume this service will be rendered through a CARF approved facility.

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

**M2-06-1155-01**

**Page Five**

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 05/31/06 from the office of Professional Associates.

Sincerely,

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Lisa Christian  
Secretary/General Counsel