



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1183-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Richard Francis, M.D.
REVIEWED BY: Board Certified in Orthopedics
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 05/17/06

Dear Mr. ____:

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

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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 evaluation with Dana Harper, D.C. dated 01/11/02
An MRI of the lumbar spine interpreted by Edward C. Fritsch, Jr., D.C. dated 01/23/02
A letter from Jeremiah J. Twomey, M.B. dated 04/30/02
Evaluations with Brian H. Le, D.C. dated 12/16/02, 05/19/03, 06/25/03, 02/11/04, and 03/10/04
A chiropractic modality review with George Sage, D.C. dated 01/22/03
An EMG/NCV study interpreted by Norma S. Mendoza, M.D. dated 01/30/03
A Designated Doctor Evaluation with Robert E. Canal, D.C. dated 02/03/03
Operative reports from Son K. Nguyen, M.D. dated 03/07/03, 04/29/03, 05/30/03, and 01/08/04
Evaluations with Dr. Nguyen dated 05/09/03, 11/20/03, 01/20/04, 02/10/04, and 03/09/04
A chiropractic modality review with Glen Marr, D.C. dated 08/20/03
Evaluations with David E. Tomaszek, M.D. dated 09/19/03 and 03/18/04
Evaluations with Jose Reyes, Jr., M.D. dated 02/17/04 and 04/27/04
An MRI of the lumbar spine interpreted by Srinvas Rao, M.D. dated 02/19/04
A Functional Capacity Evaluation (FCE) with Brian Randall, D.C. dated 05/28/04
A Designated Doctor Evaluation with Gaston Machado, M.D. dated 06/24/04
Evaluations with Richard Francis, M.D. dated 02/09/06, 02/23/06, and 03/23/06
An MRI of the lumbar spine interpreted by J. Yasmin Alexander, M.D. dated 02/15/06
A pre-authorization request from Dr. Francis dated 02/27/06
A medical review from Frank J. Garcia, M.D. dated 03/03/06
Letters of non-authorization from Liberty Mutual Group dated 03/06/06 and 03/10/06
A medical review from Francis X. Plunkett (no credentials were listed) dated 03/09/06
A letter written by Carolyn Guard, R.N.C. at Liberty Mutual Group dated 04/12/06

Clinical History Summarized:

An MRI of the lumbar spine interpreted by Dr. Fritsch on 01/23/02 revealed a disc extrusion at L4-L5, osteochondrosis at L3 through S1, a disc protrusion at L3-L4, and disc bulging at L5-S1. On 04/30/02, Dr. Twomey viewed the patient's surveillance video and recommended a

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myelogram CT scan. An EMG/NCV study interpreted by Dr. Mendoza on 01/30/03 revealed left L4 and L5 radiculopathy. On 02/03/03, Dr. Canal felt the patient was not at Maximum Medical Improvement (MMI) and recommended epidural steroid injections (ESIs) and aggressive rehabilitation. Lumbar ESIs at L5 were performed by Dr. Nguyen on 03/07/03, 04/29/03, and 05/30/03. On 01/08/04, Dr. Nguyen performed a decompressive discectomy at L4-L5 and L5-S1. On 02/11/04, Dr. Le recommended an MRI of the lumbar spine, continued physical therapy, and a lumbar support. Dr. Reyes prescribed a Medrol Dosepak and Neurontin on 02/17/04. An MRI of the lumbar spine interpreted by Dr. Rao on 02/19/04 revealed degenerative changes of the disc from L3 through S1 with disc protrusions at L4-L5 and L5-S1 and a small bulge at L3-L4. On 03/10/04, Dr. Le recommended active rehabilitation and a neurosurgical evaluation. On 04/27/04, Dr. Reyes recommended lumbar facet injections. An FCE with Dr. Randall on 05/28/04 showed the patient was functioning at the light physical demand level. On 06/24/04, Dr. Machado placed the patient at statutory MMI as of 01/06/04 with 5% whole person impairment rating. An MRI of the lumbar spine interpreted by Dr. Alexander on 02/15/06 showed disc protrusions from L3 through S1 and mild facet arthrosis at L4-L5 and L5-S1. On 02/23/06, Dr. Francis recommended a discogram at L5-S1. On 03/03/06, Dr. Garcia wrote a letter stating the lumbar discogram CT scan was not reasonable or necessary. Liberty Mutual Group wrote letters of non-authorization for the discogram CT scan on 03/06/06 and 03/10/06. On 03/23/06, Dr. Francis noted the patient was going to appeal the denial for the discogram CT scan. A letter from Liberty Mutual Group on 04/12/06 upheld the denial for the discogram CT.

Disputed Services:

Lumbar discogram/CT scan of L5-S1

Decision:

I disagree with the requestor and do not feel that the lumbar discogram/CT scan of L5-S1 would be reasonable or necessary.

Rationale/Basis for Decision:

The patient had already undergone a percutaneous discectomy with unsuccessful results. The patient's diagnostic studies do not show any evidence of discogenic condition, except at L5-S1. The patient did have purely discogenic pain. An isolated CT discogram at L5-S1 was insufficient to provide enough information to make a surgical decision. The surgical decision

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would be made based on clinical criteria alone, as discography was not indicated in this situation. Therefore, the denial for the discogram was reasonable.

Criteria utilized: The North American Spine Society Phase III *Clinical Guidelines For Multidisciplinary Spine Specialist; Lower Back Pain*. In addition, the position paper from the North American Spine Society on discography was utilized in making this decision.

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 05/17/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel