PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-1238-01
NAME OF REQUESTOR:	Positive Pain Management
NAME OF PROVIDER:	Ernest Roman, M.D.
REVIEWED BY:	Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	06/05/06

Dear Positive Pain Management:

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

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:

Chiropractic therapy with Romanuel Washington, Jr., D.C. dated 02/03/98 and 05/19/99
A letter from Dr. Washington dated 07/15/98
A prescription for a TENS unit from Dr. Washington dated 09/27/99
Evaluations with Karen Hamid, M.S., P.T. dated 11/04/99 and 07/27/00
Evaluations with James A. Ghadially, M.D. dated 12/29/99, 01/19/00, 02/16/00, 04/12/00, 05/10/00, 07/05/00, 07/19/00, 09/13/00, 10/18/00, 11/16/00, 01/11/01, 05/14/01, 07/16/01, 08/03/01, 09/05/01, 09/19/01, 10/16/01, 04/24/03, 05/27/03, 07/02/03, 08/11/03, 10/21/03, 02/13/04, 05/26/04, 06/15/04, 07/14/04, 08/31/04, 10/06/04, 11/17/04, and 01/10/05
An evaluation with L. Sterling, M.D. dated 03/13/00
An evaluation with Lee S. Pollack, M.D. dated 06/12/00
A nuclear stress test with Dr. Sterling dated 06/27/00
A lumbar discogram and CT scan interpreted by J.S. Lee, M.D. dated 08/31/00
X-rays of the chest interpreted by Dr. Lee on 08/31/00
An evaluation with Jeffrey Meincke-Reza, M.D. dated 10/20/00
An evaluation with Jerry N. Street, M.D. dated 12/28/00
Evaluations with Nestor Cruz, M.D dated 02/05/01, 03/26/01, 04/16/01, 09/24/01, 10/30/01, 11/13/01, 12/11/01, 04/09/02, 05/07/02, 06/04/02, 07/16/02, 09/24/02,
Operative reports from Dr. Cruz dated 03/28/01, 01/23/02, and 02/13/02
A lumbar myelogram and CT scan interpreted by Morris Berk, M.D. dated 08/31/01
A Functional Capacity Evaluation (FCE) with Susan Chisholm, P.T. dated 02/01/02
A prescription for a TENS unit from an unknown provider (the signature was illegible) dated 07/03/02
An MRI of the lumbar spine interpreted by Jim Cain, M.D. on 05/27/03
A procedure note from Dr. Ghadially dated 08/03/04
Physical therapy evaluations with R. Jerez, P.T. dated 12/17/04, 02/16/05, 03/17/05, 04/15/05, 05/16/05, 07/22/05, and 09/02/05
Physical therapy with Therapist Jerez dated 12/20/04, 12/22/04, 01/03/05, 01/05/05, 01/07/05, 01/10/05, 02/14/05, 02/16/05, 02/18/05, 02/21/05, 02/22/05, 02/25/05, 02/28/05, 03/02/05,

03/04/05, 03/07/05, 03/09/05, 03/11/05, 03/14/05, 03/16/05, 03/17/05, 04/01/05, 04/05/05, 04/06/05, 04/08/05, 04/11/05, 04/13/05, 04/15/05, 04/18/05, 04/20/05, 04/26/05, 04/27/05, 05/06/05, 05/13/05, 05/16/05, 05/18/05, 05/20/05, 05/23/05, 05/25/05, 05/26/05, 05/31/05, 06/02/05, 06/03/05, 06/07/05, 06/08/05, 06/09/05, 06/14/05, 06/15/05, 06/16/05, 06/21/05, 06/22/05, 06/23/05, 06/27/05, 06/29/05, 07/01/05, 07/06/05, 07/07/05, 07/12/05, 07/13/05, 07/14/05, 07/15/05, 07/19/05, 07/21/05, 07/22/05, 07/25/05, 07/27/05, 07/29/05, 08/03/05, 08/04/05, 08/08/05, 08/10/05, 08/12/05, 08/16/05, 08/17/05, 08/26/05, 08/29/05, 09/01/05, 09/02/05, 09/07/05, 09/12/05, and 09/13/05
An evaluation with Paul Jennings, M.D. dated 05/18/05
Computerized Muscle Testing (CMT) and range of motion testing with an unknown provider (no name or signature available) dated 05/18/05, 09/19/05, 11/01/05, 12/06/05, and 01/10/06
An evaluation with George E. Medley, M.D. dated 06/24/05
Evaluations with Ernest T. Roman, M.D. dated 07/20/05, 11/01/05, 12/06/05, 01/10/06, and 02/01/06
An evaluation with Jose Reyes, Jr., M.D., Tim Boggs, M.D., and Ron Ziegler, Ph.D. dated 01/07/06
A Physical Performance Evaluation (PPE) with James Wildermuth, D.C. dated 02/07/06
Letters of denial from Intracorp dated 02/23/06, 03/09/06, and 03/15/06

Clinical History Summarized:

Chiropractic therapy was performed with Dr. Washington on 02/03/98 and 05/19/99. Dr. Washington prescribed a TENS unit on 09/27/99. Dr. Pollack recommended a diagnostic workup for vertigo on 06/12/00. A stress test with Dr. Sterling on 06/27/00 was negative. On 07/27/00, Ms. Hamid recommended physical therapy three times a week for four weeks. A lumbar discogram CT scan interpreted by Dr. Lee on 08/31/00 revealed moderate concordant pain at L5-S1 with a disc protrusion and a partial torn annulus. Surgery was recommended by Dr. Ghadially on 09/13/00. On 10/20/00, Dr. Meincke-Reza recommended the patient not undergo surgery and he also felt the patient was at Maximum Medical Improvement (MMI) at that time. On 11/16/00, Dr. Ghadially recommended an EMG/NCV study of the upper and lower extremities. Dr. Street felt the patient was not at MMI on 12/28/00, but did not recommend surgery. Dr. Cruz performed an IDET procedure at L5-S1 on 03/28/01. On 08/03/01, Dr. Ghadially recommended a myelogram and CT scan, along with possible surgery. The lumbar myelogram and CT scan interpreted by Dr. Berk on 08/31/01 revealed disc bulging at L3-L4 and L5-S1 with degenerative changes at L3 and L4. On 10/16/01, Dr. Cruz recommended a work hardening program. Lumbar epidural steroid injections (ESIs) were performed by Dr. Cruz on 01/23/02 and 02/13/02. An FCE with Ms. Chisholm on 02/01/02 indicated the patient was at the less than sedentary physical demand level. An unknown physician prescribed a TENS unit

on 07/03/02. An MRI of the lumbar spine interpreted by Dr. Cain on 05/27/03 revealed a disc protrusion at L5-S1 that abutted the sac and S1 nerve root sleeves. On 10/21/03 and 05/26/04, Dr. Ghadially recommended a cervical MRI. On 08/03/04, Dr. Ghadially performed an L5-S1 lumbar epidural block and selective nerve root sleeve block. Physical therapy was performed with Therapist Jerez from 12/20/04 through 09/13/05 for a total of 81 session. On 07/20/05, Dr. Roman recommended an MRI of the lumbar spine, Soma, Darvocet, and a topical cream. On 01/07/06, Dr. Reyes, Dr. Boggs, and Dr. Ziegler recommended a pain management program. On 02/01/06, Dr. Roman continued to recommend an MRI of the lumbar spine. Letters of denial for the pain management program were provided by Intracorp on 02/23/06, 03/09/06, and 03/15/06.

Disputed Services:

Twenty days of a chronic pain management program

Decision:

I disagree with the requestor. The 20 days of a chronic pain management program would be neither reasonable nor necessary.

Rationale/Basis for Decision:

This patient had an injury that was over five-years-old. She has been treated appropriately. At this time, there was no evidence that a chronic pain management program would improve her condition over her current baseline. According to the ACOEM Guidelines, as well as the Phase III Clinical Guidelines, as promulgated by the North American Spine Society, this patient is not a candidate for this chronic pain management program.

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

Sincerely,

_____
Lisa Christian
Secretary/General Counsel