



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-1343-01  
**NAME OF REQUESTOR:** Wilbur Avant, Jr., M.D.  
**NAME OF PROVIDER:** Walter Avant, Jr., M.D.  
**REVIEWED BY:** Board Certified in Neurology  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 06/07/06

Dear Dr. Avant:

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 Neurology 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

**M2-06-1343-01**

**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:**

A lower extremity evoked potential study dated 04/15/05 from Walter Avant, Jr., M.D.  
An EMG and nerve conduction study dated 08/16/05 from Dr. Avant  
An evaluation with James W. Simmons, M.D. at Alamo Bone & Joint Clinic dated 01/10/06  
Another evaluation with Dr. Simmons on 02/07/06  
Another EMG and nerve conduction study dated 03/15/06 from Dr. Avant  
A letter of denial from St. Paul Travelers dated 03/23/06  
A preauthorization reconsideration dated 04/04/06 from Dr. Avant  
Another letter of denial dated 04/12/06 from St. Paul Travelers

#### **Clinical History Summarized:**

A lower extremity evoked potential study on 04/15/05 revealed an indication of bilateral L5 and S1 sensory radiculopathy with the left dermatome being most involved. There was also an indication of irritability in the bilateral L3 through S1 motor roots. An EMG and nerve conduction study on 08/16/05 revealed evidence of acute irritability in the L3-S1 motor roots, but with greater power loss on the left side. There was a greater reduction in lower sacral, S2-S4, motor root function than the previous study. On 01/10/06, Dr. Simmons diagnosed the patient with L2-L3 and L4-L4 spinal stenosis. The patient wanted to continue conservative treatment at that time. On 02/07/06, Dr. Simmons recommended a CT scan and an MRI of the lumbar spine, as well as an EMG study. Dr. Avant performed another EMG and nerve conduction study on 03/15/06, which indicated the same amount of involvement of the lower sacral S2-S4 motor roots as on the last study. Dr. Avant noted because of the increased symptoms in the L2 and L3 distributions on the left and the increasing power loss in the left upper lumbar motor roots, he recommended L2-S1 dermatomal SEPs. On 03/23/06 and 04/12/06, St. Paul Travelers provided letters of denial regarding the repeat bilateral lower extremity dermatomal somatosensory evoked potentials at L2-S1. Dr. Avant provided a letter of reconsideration for the repeat bilateral lower extremity dermatomal somatosensory evoked potentials at L2-S1 on 04/04/06.

**M2-06-1343-01**

**Page Three**

**Disputed Services:**

Repeat bilateral lower extremity dermatomal somatosensory evoked potential study at L2-S1

**Decision:**

I disagree with the requestor. The repeat bilateral lower extremity dermatomal somatosensory evoked potential study at L2-S1 would not be reasonable or necessary.

**Rationale/Basis for Decision:**

When using The American Academy of Neurology Practice Guidelines, there was a report from them on dermatomal somatosensory evoked potentials in October of 1997, which was reaffirmed on 10/17/03. This could be found on their website at [www.aan.com](http://www.aan.com) under guidelines. They found the dermatomal somatoform potentials were supported by type E evidence and should be regarded as investigational. Based on this evaluation by The American Academy of Neurology, there was no medical indication for the proposed repeat bilateral lower extremity dermatomal somatoform evoked potentials from L2 to S1. They would not be reasonable or necessary as related to the original injury.

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

**M2-06-1343-01**

**Page Four**

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 06/07/06 from the office of Professional Associates.

Sincerely,

Lisa Christian  
Secretary/General Counsel