



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-1399-01  
**NAME OF REQUESTOR:** \_\_\_\_\_  
**NAME OF PROVIDER:** Joseph Wyosocki, D.C.  
**REVIEWED BY:** Licensed by the Texas Stated Board of Chiropractic  
Examiners  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 07/05/06

Ms. \_\_\_\_:

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:**

An MRI of the lumbar spine interpreted by Vidya Kamath, M.D. dated 09/08/05  
A Required Medical Evaluation (RME) with James Hood, M.D. dated 11/03/05  
Evaluations with Raul G. Martinez, M.D. dated 01/10/06 and 02/08/06  
A Designated Doctor Evaluation with Gilbert Mayorga, Jr., M.D. dated 01/17/06  
A procedure report with Dr. Martinez dated 01/27/06  
A telephone conversation with Dr. Martinez dated 01/30/06  
Physical therapy with J. Wysoki, D.O. dated 02/16/06, 02/17/06, 02/21/06, 02/23/06, 02/28/06, 03/02/06, 03/07/06, and 03/09/06  
TWCC-73 forms from Dr. Wysoki dated 02/16/06, 02/17/06, 02/21/06, 02/23/06, 02/28/06, 03/02/06, 03/07/06, and 03/09/06

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

An MRI of the lumbar spine interpreted by Dr. Kamath on 09/08/05 revealed a mild disc bulge at L4-L5 with facet hypertrophy and degenerative changes. On 11/03/05, Dr. Hood recommended a right SI joint steroid injection and short course of anti-inflammatory medication and no other treatment was recommended. On 01/10/06, Dr. Martinez recommended a right SI joint injection, trigger point injections, SI joint mobilization, and Balacet. On 01/17/06, Dr. Mayorga felt the patient was not at Maximum Medical Improvement (MMI) and recommended a course of medication, possible injections, and post injection therapy. Dr. Martinez performed a right SI joint injection and trigger point injections on 01/27/06. On 01/30/06, Dr. Martinez recommended over-the-counter Advil or Tylenol for headaches and a possible neurological consultation. On 02/08/06, Dr. Martinez recommended SI joint mobilization, Naproxen, Balacet, and an evaluation with a chronic pain psychologist. Physical therapy, including osteopathic manipulation therapy (OMT), was performed with Dr. Wysoki from 02/16/06 through 03/09/06 for a total of eight sessions. On 03/07/06, Dr. Wysoki also prescribed Methocarbamol and recommended a TENS unit.

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**Disputed Services:**

Physical therapy codes 97112, 97140, 97035, 97110, and G0283

**Decision:**

I disagree with the requestor. The physical therapy codes 97112, 97140, 97035, 97110, and G0283 are neither reasonable nor necessary.

**Rationale/Basis for Decision:**

Based upon the supplied documentation, it appeared the patient's condition was limited to a sprain/strain type injury to the sacroiliac joint. Such an injury would be expected to resolve within 12 weeks of the date of injury. The patient is approximately one and a half years status post injury as the date of injury was \_\_\_\_\_. Based upon the *ACOEM* and *ODGPT Guidelines*, conservative treatment including the 97112, 97140, 97035, 97110, and G0283 would be reasonable and necessary for approximately the first eight to twelve weeks. Beyond that period, it would not be considered reasonable and necessary without supporting documentation indicating the patient's condition was more severe than a simple sprain/strain type injury. The documentation does not support such diagnosis. Therefore, the codes of 97112, 97140, 97035, 97110, and G0283 would be reasonable and necessary for approximately the first twelve weeks. Treatment beyond that period for such codes would not be considered medically reasonable and necessary as related to the original injury. Therefore, as the patient is one a half years status post injury, the physical therapy codes 97112, 97140, 97035, 97110, and G0283 would not 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.

This decision by the reviewing physician with Professional Associates is deemed to be a Division decision and order.

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**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 07/05/06 from the office of Professional Associates.

Sincerely,

Lisa Christian  
Secretary/General Counsel