

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1411-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Madhaven Pisharodi, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 06/27/06

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 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.

M2-06-1411-01

Page Two

REVIEWER REPORT

Information Provided for Review:

Evaluations with C. Lynn Anderson, Jr., M.D. dated 01/26/06, 01/27/06, 02/03/06, 02/10/06, 02/15/06, 03/08/06, 03/28/06, 04/13/06, 04/26/06, and 05/11/06

X-rays of the cervical spine interpreted by Dr. Anderson dated 01/26/06

DWC-73 forms filed by Dr. Anderson dated 01/26/06, 01/27/06, 02/08/06, 02/10/06, 02/15/06, 03/08/06, 03/25/06, 04/13/06, 04/26/06, and 05/11/06

Chiropractic therapy with Dr. Anderson dated 02/03/06, 02/06/06, and 02/08/06

An MRI of the cervical spine interpreted by an unknown provider (the signature was illegible) dated 02/10/06

An MRI of the cervical spine interpreted by Saleem Chughtai, M.D. dated 02/13/06

A letter of referral from Geronimo Picazo, P.A.-C. dated 02/15/06

Evaluations with Madhavan Pisharodi, M.D. dated 02/16/06, 03/03/06, 03/09/06, and 04/20/06

A physical therapy evaluation with Reshmi Menon, P.T. dated 02/23/06

An EMG/NCV study interpreted by Dr. Pisharodi dated 03/03/06

An evaluation with Jose Kuri, M.D. dated 03/07/06

Letters of denial from Corvel dated 03/14/06 and 03/30/06

A letter of reconsideration written by Dr. Pisharodi dated 03/24/06

Physical therapy with Mr. Menon dated 03/31/06

A letter of summary of carrier's position from James R. Sheffield, III, at Flahive, Ogden & Latson, Attorneys at Law dated 05/24/06

A supplemental letter from Mr. Sheffield dated 05/31/06

Clinical History Summarized:

On 01/26/06, Dr. Anderson performed a Toradol injection and recommended x-rays and an MRI. Physical therapy was performed with Dr. Anderson on 02/03/06, 02/06/06, and 02/08/06. An MRI of the cervical spine interpreted by Dr. Chughtai on 02/10/06 and 02/13/06 revealed disc bulges at C4-C5 and C5-C6. On 02/15/06, Mr. Picazo recommended an evaluation with a neurosurgeon. On 02/16/06, Dr. Pisharodi recommended an EMG/NCV study and physical therapy. Physical therapy was performed with Mr. Menon on 02/23/06 and 03/31/06. On 03/03/06, Dr. Pisharodi recommended a second neurosurgical opinion with possible surgery and continued physical therapy. An EMG/NCV study interpreted by Dr. Pisharodi on 03/03/06 revealed spinal cord compression/injury more towards the right side. On 03/09/06, Dr. Pisharodi recommended surgery. Corvel provided letters of denial for the surgery on 03/14/06 and 03/30/06. On 03/24/06, Dr. Pisharodi wrote a letter requesting reconsideration of the surgery. On 04/20/06, Dr. Pisharodi noted a medical dispute hearing was recommended. Mr. Sheffield wrote a note on 05/24/06 indicating the medical dispute resolution had been requested, along with a Contested Case Hearing (CCH).

M2-06-1411-01

Page Three

Disputed Services:

Two level cervical decompression, fusion, and instrumentation at C4-C5 and C5-C6

Decision:

I disagree with the requestor. The two level cervical decompression, fusion, and instrumentation at C4-C5 and C5-C6 would neither be reasonable nor necessary.

Rationale/Basis for Decision:

The evidence within this chart has been contradictory. The “second opinion” with Dr. Kuri was suspect. The physical examination in that was extremely brief and Dr. Kuri often scrubbed with Dr. Pisharodi, suggesting this was not an unbiased second opinion. Dr. Pisharodi himself performed the electrodiagnostic studies and they were normal. There was no evidence of neurological loss, other than vague sensory complaints that differ from examiner to examiner. Sensory complaints are often not relieved by a surgical procedure. There was no evidence of acute motor loss.

A cervical decompression and fusion for axial pain could be considered if conservative care has been exhausted, according to Garvey et. al. (*Spine 2005*). However, conservative care must be exhausted. This did not appear to have been provided in this case. I would be very careful before committing this individual to cervical surgery for those complaints and it does not appear that appropriate conservative treatment has been exhausted.

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.

M2-06-1411-01

Page Four

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 06/27/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel