



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1425-01
NAME OF REQUESTOR: Positive Health Management
NAME OF PROVIDER: Mark Malone, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 06/21/06 (REVISED 06/22/06)

Dear Positive Health 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

M2-06-1425-01

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 prescription for a pain management program from an unknown provider (the signature was illegible) dated 03/28/06

A letter of recommendation for a pain management program from Harold Lewis, D.O., Tim Boggs, M.D., and Ron Ziegler, Ph.D. dated 03/30/06

Statements of denial for psychological testing from Corvel dated 04/03/06

Statements of denial for a pain management program from Corvel dated 04/12/06 and 04/26/06

A letter of appeal from Dr. Lewis, Dr. Boggs, and Dr. Ziegler dated 04/19/06

A letter of dispute from Dr. Lewis, Dr. Boggs, and Dr. Ziegler dated 05/02/06

A letter of non-authorization recommendation from an unknown provider (no name or signature available) dated 05/05/06

Clinical History Summarized:

Dr. Lewis, Dr. Boggs, and Dr. Ziegler recommended a pain management program on 03/30/06. On 04/03/06, Corvel wrote a letter of denial for psychological testing. On 04/12/06 and 04/26/06, Corvel also denied the pain management program. On 04/19/06, Dr. Lewis, Dr. Boggs, and Dr. Ziegler wrote a letter of appeal for the pain management program on 04/19/06 and a letter of dispute on 05/02/06. An unknown provider wrote a letter recommending non-authorization of the program on 05/05/06.

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.

M2-06-1425-01

Page Three

Rationale/Basis for Decision:

In my opinion, the proposed chronic pain management program would be neither reasonable nor necessary. The patient has had ongoing psychiatric and psychological issues that appeared to be predominant and unrelated to the compensable injury. The patient's history included a surgical procedure that failed, after her participation in the chronic pain management program. However, this did not indicate that repeating the program would be anymore effective than the previous failure. The patient should have learned the psychological techniques around which a chronic pain management program are centered. The patient could perform an exercise program on her own. In short, there was no sufficient rationale to continue repeating a chronic pain management program. Medical criteria used to derive at this decision include my years of experience in the field, my experience with chronic pain management programs, and the use of the ACOEM Guidelines.

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

M2-06-1425-01

Page Four

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 06/22/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel