



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-1516-01  
**NAME OF REQUESTOR:** \_\_\_\_\_  
**NAME OF PROVIDER:** Helson Pacheco-Serrant, M.D.  
**REVIEWED BY:** Board Certified in Orthopedic Surgery  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 07/13/06

Dear 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 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

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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:**

Evaluations with Octavio Licon, M.D. dated 01/13/05, 01/24/05, and 01/31/05

TWCC-73 forms from Dr. Licon dated 01/13/05 and 01/31/05

MRIs of the lumbar spine and right shoulder interpreted by William Boushka, M.D. dated 01/28/05

Physical therapy with an unknown provider (no name or signature was available for review) dated 01/31/05, 02/01/05, 03/01/05, 03/02/05, 03/03/05, and 03/04/05

TWCC-73 forms from Marius Ruja, D.C. dated 02/12/05, 02/28/05, 04/12/05, and 05/09/05

Notices of disputed issue(s) and refusal to pay benefits form from Ward dated 04/12/05, 05/19/05, and 06/22/05

Evaluations with Dean E. Smith, M.D. dated 04/21/05, 04/29/05, and 05/05/05

TWCC-73 forms from Dr. Smith dated 04/21/05, 05/05/05, 06/04/05, 06/30/05, and 08/03/05

An MRI of the cervical spine interpreted by Dr. Boushka dated 05/02/05

Designated Doctor Evaluations with Jose A. Barahona, M.D. dated 05/04/05 and 01/18/06

A status report from Dr. Ruja dated 05/09/05

A letter written "To Whom It May Concern" from Dr. Smith dated 06/30/05

A letter written by William E. Blair, Jr., M.D. at Review Med dated 08/09/05

TWCC-73 forms from Carlos O. Viesca, M.D. dated 08/31/05, 09/14/05, 10/12/05, 11/16/05, 01/04/06, and 02/01/06

An evaluation with Dr. Viesca dated 10/12/05

An MRI of the lumbar spine interpreted by Joseph Furlong, M.D. dated 02/27/06

A post lumbar discogram CT scan interpreted by Heramb K. Singh, M.D. dated 03/31/06

A Required Medical Evaluation (RME) with Brian August, M.D. dated 04/07/06

A letter of denial from Mitzi Jasper, Utilization Review Specialist at TDI, dated 04/24/06

A DWC-73 form from an unknown provider (the signature was illegible) dated 05/02/06

Another letter of denial from Claretta Robinson, R.N. at TDI dated 05/16/06

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**Clinical History Summarized:**

An MRI of the lumbar spine interpreted by Dr. Boushka on 01/28/05 revealed spinal stenosis with a disc bulge at L4-L5 and degenerative disease at L4-L5 and L5-S1. An MRI of the right shoulder interpreted by Dr. Boushka on 01/28/05 was normal. Physical therapy was performed with the unknown therapist from 01/31/05 through 03/04/05 for a total of six sessions. On 04/12/05, Ward provided a letter disputing the cervical and lumbar conditions. An MRI of the cervical spine interpreted by Dr. Boushka on 05/02/05 revealed mild narrowing at C5-C6. On 05/04/05, Dr. Barahona felt the patient was not at Maximum Medical Improvement (MMI) and recommended continued physical therapy and an evaluation with a specialist. On 05/05/05, Dr. Smith recommended a cervical epidural steroid injection (ESI). On 05/19/05 and 06/22/05, Ward wrote notices of disputed issues denying compensability for the cervical degenerative changes. On 08/09/05, Dr. Blair felt the findings on the cervical and lumbar MRIs were due to longstanding degenerative disease. On 10/12/05, Dr. Viesca recommended a cervical ESI and upper and lower extremity EMG/NCV studies. On 01/18/06, Dr. Barahona continued to feel the patient was not at MMI and recommended possible surgical intervention. An MRI of the lumbar spine interpreted by Dr. Furlong on 02/27/06 revealed a disc herniation at L4-L5. A CT post discogram interpreted by Dr. Singh on 03/31/06 revealed an annular tear at L4-L5. On 04/07/06, Dr. August recommended against surgery and recommended non-steroidal anti-inflammatory medications, a home exercise program, and a return to work. Ms. Jasper wrote a letter of denial for the lumbar surgery on 04/24/06. Ms. Robinson also wrote a letter of denial for the lumbar surgery on 05/16/06.

**Disputed Services:**

L4-L5 and L5-S1 PLIF fusion with instrumentation

**Decision:**

I disagree with the requestor. The L4-L5 and L5-S1 PLIF fusion with instrumentation is not reasonable or necessary.

**Rationale/Basis for Decision:**

In my opinion as a Board Certified Orthopedic Surgeon who performs this type of surgery, the proposed L4-L5 and L5-S1 PLIF with instrumentation is neither reasonable nor necessary. This patient appears to have mild degenerative changes in the lumbar spine. The discogram, on which the decision has been made, is technically inadequate as there was no injection into the L5-S1 disc space noted on the post discogram CT scan. There was no evidence of adequate

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treatment before consideration for surgery. Based upon the material reviewed, the proposed L4-L5 and L5-S1 PLIF fusion with instrumentation is neither reasonable nor necessary.

Criteria: Spine, American College of Occupational and Environment Medicine (ACOEM) and the Official Disability 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 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.

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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 07/13/06 from the office of Professional Associates.

Sincerely,

Lisa Christian  
Secretary/General Counsel