



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-1537-01  
**NAME OF REQUESTOR:** \_\_\_\_\_  
**NAME OF PROVIDER:** Arnulfo T. Carrasco, M.D.  
**REVIEWED BY:** Board Certified in Orthopedic Surgery  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 07/05/06

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

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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 A.T. Carrasco, M.D. dated 12/30/05, 02/07/06, 03/14/06, 04/18/06, and 06/20/06

Operative reports with Dr. Carrasco dated 01/11/06, 03/01/06, 03/29/06, and 05/31/06

A letter of denial from Marvin C. Chang, M.D. at St. Paul Travelers dated 04/24/06

Another letter of denial from Arthur Christian Green, M.D. at St. Paul Travelers dated 05/18/06

A letter of appeal from Tracy Hogan, R.N. dated 05/18/06

A letter from Andrew Cunningham, Claims Representative at St. Paul Travelers, dated 06/19/06

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

On 12/30/05, Dr. Carrasco recommended Celebrex, Biofreeze, and trigger point injections. Dr. Carrasco performed myoneural injections on 01/11/06, 03/01/06, 03/29/06, and 05/31/06. On 02/07/06 and 03/14/06, Dr. Carrasco also recommended physical therapy. On 04/18/06, Dr. Carrasco recommended a lumbar epidural steroid injection (ESI) with trigger point injections and continued rehabilitation. On 04/24/06, Dr. Chang wrote a letter of denial for a lumbar ESI and further trigger point injections. On 05/18/06, Dr. Green wrote a letter only approving trigger point injections and denying the ESI. On 06/19/06, Ms. Cunningham wrote a letter to the patient stating the carrier stood by their denial of the lumbar and cervical ESIs.

#### **Disputed Services:**

Lumbar epidural injection with fluoroscopy and cervical epidural injection with fluoroscopy

#### **Decision:**

I disagree with the requestor. The lumbar epidural injection with fluoroscopy and cervical epidural injection with fluoroscopy are not reasonable or necessary.

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**Rationale/Basis for Decision:**

The patient did not have any radiculopathic pain. He has strictly axial pain. What his treating doctor described was a myofascial pain syndrome. Recent review in the *Journal of Neurosurgery/Spine* indicates that the best knowledge that we have at this time was that ESIs are not appropriate for those complaints.

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

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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