



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1559-01
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: 07/14/06

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 08/01/05, 09/01/05, 12/01/05, 01/17/06, 03/09/06, and 06/15/06

Operative reports with Dr. Carrasco dated 08/10/05, 08/24/05, and 09/29/05

A notice of non-authorization from Robert Rosenzweig, M.D. at Zurich dated 04/17/06

A notice of non-authorization from Ephraim Brenman, D.O. at Zurich dated 05/03/06

A letter from Patricia H. Blackshear at Flahive, Ogden & Latson, Attorneys at Law dated 06/21/06

Clinical History Summarized:

On 08/01/05, Dr. Carrasco recommended blood work, lumbar interspinal injections and trigger point injections, physical therapy, and Skelaxin. On 08/10/05 and 08/24/05, Dr. Carrasco performed a lumbar myelogram and an analgesic injection. On 09/01/05, Dr. Carrasco recommended a third lumbar interspinal injection with trigger point injections, along with continued physical therapy. On 09/29/05, Dr. Carrasco performed a lumbar interspinal myelogram, analgesic injection, and myoneural injections. On 12/01/05, Dr. Carrasco recommended Botox injections, a Functional Capacity Evaluation (FCE), Ultram, and Skelaxin. Dr. Carrasco recommended a work conditioning program on 01/17/06. On 03/09/06, Dr. Carrasco recommended reconsideration of the work conditioning program. Dr. Rosenzweig wrote a letter of non-authorization for the trigger point injections on 04/17/06. On 05/03/06, Dr. Brenman wrote a letter of non-authorization for an SI joint injection. Dr. Carrasco performed a trigger point injection on 06/15/06 and continued to recommend a right SI joint injection. On 06/21/06, Ms. Blackshear wrote a letter indicating that the carrier maintained its position on the denial of the SI joint injection.

Disputed Services:

Sacroiliac joint injection under fluoroscopy and four to six trigger point injections

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Decision:

I disagree with the requestor. The sacroiliac joint injection under fluoroscopy and four to six trigger point injections would not be reasonable or necessary.

Rationale/Basis for Decision:

They are not. The request for a sacroiliac joint injection is not medically necessary. Sacroiliac joint injections are diagnostic only and are used only when there is significant doubt as to the patient's injury. They are never used therapeutically. This recommendation is made according to the treatment guidelines prorogated by the International Spinal Injection Society (ISIS). There is no justification for the sacroiliac joint injection.

Trigger point injections are neither reasonable nor necessary. There is no medical justification and scientific literature for the performance of trigger point injections in the treatment of an acute or chronic injury.

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.

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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 07/14/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel