



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1591-01
NAME OF REQUESTOR: Brad Burdin, D.C.
NAME OF PROVIDER: Brad Burdin, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 07/11/06

Dear Dr. Burdin:

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 Licensed in the area of Chiropractics 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:

An evaluation with Conrad Kothmann, D.C. dated 03/22/05

X-rays of the lumbar spine interpreted by John F. Black, M.D. dated 03/23/05

Evaluations with Brad Burdin, D.C. dated 04/06/05, 05/11/05, 06/09/05, 07/19/05, 08/01/05, 01/09/06, 02/10/06, 03/10/06, 04/19/06, 04/25/06, 05/19/06, and 06/09/06

Evaluations with Morris H. Lampert, M.D. dated 04/19/05, 06/14/05, 07/05/05, 08/23/05, and 01/12/06

An EMG/NCV study interpreted by David M. Hirsch, D.O. dated 09/20/05

Evaluations with Mark K. Dedmon, P.A.-C. for Dr. Lampert dated 01/26/06, 02/16/06, and 03/16/06

A Functional Capacity Evaluation (FCE) with an unknown provider (the signature was illegible) dated 04/24/06

An evaluation with John R. Churchill, L.C.S.W.- B.C.P. dated 04/25/06

Letters of recommendation from an unknown provider (no name or signature was available) dated 05/01/06 and 05/17/06

A letter of denial from Anthony Bottorff, D.C. dated 05/03/06

A letter of adverse determination from Robert B. Honigsfeld, D.C. dated 05/22/06

Clinical History Summarized:

On 03/22/05, Dr. Kothmann recommended a chronic pain management program, possible chiropractic manipulation, and continued off work status. X-rays of the lumbar spine interpreted by Dr. Black were unremarkable. On 04/06/05, Dr. Burdin recommended a pain management evaluation, possible repeat EMG/NCV studies, and continued medication. On 04/19/05, 06/14/05, 07/05/05, 08/23/05 Dr. Lampert recommended an MRI of the cervical spine, EMG/NCV study, Skelaxin, Naproxen, Tylenol ES, Prozac, biofeedback, and individual therapy. An EMG/NCV study interpreted by Dr. Hirsch on 09/20/05 revealed mild carpal tunnel syndrome bilaterally. On 01/12/06, 02/16/06, and 03/16/06, Dr. Lampert performed trigger point injections and recommended post-injection therapy. On 01/26/06, Mr. Dedmon recommended an MRI of the cervical spine. Dr. Burdin performed spinal manipulation and recommended an

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FCE on 04/19/06. The FCE with the unknown therapist on 04/24/06 determined the patient was unable to work his regular duty. On 04/25/06, Dr. Burdin recommended an eight week work hardening program. On 04/25/06, Mr. Churchill recommended eight to ten sessions of self hypnosis. Dr. Bottorff wrote a letter of denial for the work hardening program on 05/03/06. On 05/17/06, the unknown therapist wrote request for reconsideration of the program. On 05/22/06, Dr. Honigsfeld wrote a letter of adverse determination for the work hardening program. Dr. Burdin recommended medication management with Dr. Lampert and preauthorization for hypnosis with Mr. Churchill on 06/09/06.

Disputed Services:

97545/97546 eight weeks of work hardening

Decision:

I disagree with the requestor. The 97545/97546 eight weeks of work hardening would not be reasonable or necessary.

Rationale/Basis for Decision:

The request for eight weeks of work hardening would not be considered medically reasonable and necessary with regard to the patient's condition. The patient has not returned back to work for approximately seven years. Based upon the ACOEM Guidelines and several previous studies performed, it would be unlikely that the patient will return to work. After being absent more than two years, there was virtually no chance. Based upon the FCE, the patient, from a physical standpoint, appeared to be able to perform duties more strenuous than his actual job occupation. The main difficulty apparently has been the patient's ability to sit for any length of time. Performing a work hardening program would not be expected to increase the patient's sitting tolerance abilities. Therefore, in my opinion, the recommendation of eight weeks of work hardening program (97545/97546) would not be considered medically reasonable and necessary.

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.

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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.

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 07/11/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel