



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1707-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Robert LeGrand, Jr., M.D.
REVIEWED BY: Board Certified in Neurology
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 08/03/06

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 Neurology 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 EMG/NCV study interpreted by Edward J. Brandecker, M.D. dated 12/18/97

An MRI of the lumbar spine interpreted by Gregg D. Rice (no credentials were listed) dated 05/09/00

Evaluations with Dr. Brandecker dated 03/06/03, 03/20/03, and 04/20/06

An MRI of the thoracic spine interpreted by Henry W. McGowen, II, M.D. dated 03/18/03

A thoracic spine myelogram CT scan interpreted by Conrad E. Koerper, M.D. dated 05/12/03

Evaluations with Richard L. Smith, P.A.-C. for Andrea Halliday, M.D. dated 11/24/03, 11/01/04, and 02/03/05

MRIs of the brain and cervical spine interpreted by Jonathan Kern, M.D. dated 06/17/04

An evaluation with Dr. Halliday dated 07/01/04

Evaluations with Robert H. LeGrand, Jr., M.D. dated 03/30/06, 04/21/06, and 05/11/06

A lumbar and thoracic myelogram with post myelogram CT scan interpreted by Kenneth E. Breedlove, M.D. dated 04/18/06

Preauthorization requests from Dr. LeGrand dated 05/03/06 and 05/15/06

A letter written by Lynn F. Fitzgerald at Medical Review Institute of America dated 05/08/06

Letters of non-authorization for surgery from Carolyn Bettis, Utilization Review Nurse at Liberty Mutual, dated 05/08/06 and 05/19/06

A letter written by Joseph K. Preston, M.D. at Medical Review Institute of America dated 05/18/06

A letter from an unknown provider written to Dr. LeGrand dated 05/30/06

A letter of denial from Carolyn Guard, R.N.C. at Liberty Mutual Group dated 07/07/06

Clinical History Summarized:

An EMG/NCV study of the upper extremities and cervical spine interpreted by Dr. Brandecker on 12/18/97 was negative. A lumbar MRI interpreted by Dr. Rice on 05/09/00 revealed disc desiccation at the lowest three lumbar vertebral discs with mild bulging and degenerative changes of the facet joints at L5-S1. An MRI of the thoracic spine interpreted by Dr. McGowen on 03/18/03 revealed posterior protrusions at T7-T8 and T5-T6 and some bulging of the annulus

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with osteophyte formation at T6-T7. A thoracic spine myelogram CT scan interpreted by Dr. Koerper on 05/12/03 revealed extradural defects at T8-T9 and T7-T8 and some degenerative changes. MRIs of the brain and cervical spine interpreted by Dr. Kern on 06/17/04 revealed disc protrusions at C4-C5 and C5-C6. Dr. Halliday recommended spinal surgery on 07/01/04. On 11/01/04, Mr. Smith recommended cervical spine surgery prior to thoracic spine surgery. On 02/03/05, Mr. Smith noted the surgeries had been denied and he continued to recommend them. On 03/30/06, Dr. LeGrand recommended a total spinal myelogram and CT scan. A lumbar and thoracic myelogram and CT scan interpreted by Dr. Breedlove dated 04/18/06 revealed multilevel thecal sac deformity and multilevel degenerative disc disease at T7 to T9 and L3-L4. On 04/20/06, Dr. Brandecker advised against thoracic surgery and noted cervical spine surgery (performed outside of the workers compensation system in 2005) provided no relief. On 04/21/06, Dr. LeGrand noted the patient wanted to proceed with lumbar surgery. On 05/08/06, Ms. Fitzgerald wrote a letter stating a lumbar surgery was not reasonable or medically necessary. Ms. Bettis wrote letters of denial for the surgery on 05/08/06 and 05/19/06. On 05/11/06, Dr. LeGrand recommended an MRI or possible myelogram CT scan of the cervical spine, along with continued recommendations for lumbar surgery. On 05/18/06, Mr. Preston wrote a letter stating the surgery was not necessary. On 07/07/06, Ms. Guard wrote a letter stating the Utilization Review decision of the denial would be upheld.

Disputed Services:

Lumbar laminectomy at L3-L4 with a length of stay of one night

Decision:

I disagree with the requestor. The lumbar laminectomy at L3-L4 with a length of stay of one night would not be reasonable or necessary.

Rationale/Basis for Decision:

There was no medical evidence the patient sustained a lumbar herniated disc at L3-L4 in the injury occurring on 04/14/93 requiring L3-L4 surgery. In the report for the 05/09/00 MRI of the lumbar spine, it was noted an MRI had been performed on 11/11/93 and it was compared to the 05/09/00. In fact, he was assigned a 5% whole person impairment rating in 1995 for his injuries. He had seen numerous physicians and has had evidence throughout the records of multilevel degenerative disc disease in the cervical, thoracic, and lumbar spine. He has had previous cervical surgeries without benefit.

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Based on The ACOEM Guidelines, Chapter 12, the patient did not meet the criteria for a lumbosacral nerve root decompression. Therefore, I would not recommend L3-L4 laminectomy or subsequent one night stay as being reasonable, necessary, or related to the original injury occurring in 1993.

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 08/03/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel