PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-1745-01
NAME OF REQUESTOR:	___
NAME OF PROVIDER:	Garcia Zavala, M.D.
REVIEWED BY:	Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	10/11/06

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 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 David Griffith, D.C. dated 02/28/05, 03/14/05, 03/17/05, 03/31/05, 04/05/05, 04/08/05, and 04/26/05
An MRI of the cervical spine interpreted by Vidya Kamath, M.D. dated 03/31/05
An EMG/NCV study interpreted by Meyer L. Proler, M.D. dated 04/26/05
Evaluations with Ronald Saunders, D.C. dated 05/13/05, 01/18/06, 02/15/06, and 03/15/06
A Functional Capacity Evaluation (FCE) with Curt E. Cook, D.C. dated 06/14/05
An MRI of the brain interpreted by Dr. Kamath dated 08/17/05
A Required Medical Evaluation (RME) with Ronald DeVere, M.D. dated 08/22/05
Evaluations with Gerardo Zavala, M.D. dated 11/08/05 and 02/23/06
An EMG/NCV study interpreted by Catherine Prescott-Johnston, M.D. dated 12/06/05
A procedure note from Dmitriy Bouyanov, M.D. dated 01/10/06
Evaluations with Haskel Hoine, Ph.D. dated 01/30/06 and 05/03/06
Computerized muscle and range of motion testing with Dr. Cook dated 04/11/06
Letters of denial from Health Direct, Inc. dated 05/15/06 and 06/29/06
A letter from Rebecca M. Strandwitz, of Flahive, Ogden & Latson Attorneys at Law, dated 07/21/06

Clinical History Summarized:

On 03/31/05, Dr. Griffith recommended a cervical MRI, a neuropsychological evaluation, and active therapy. An MRI of the cervical spine interpreted by Dr. Kamath on 03/31/05 revealed disc protrusions with thecal sac impingement at C3-C4, C4-C5, and C5-C6, and just disc bulges at C2-C3 and C6-C7. An EMG/NCV study interpreted by Dr. Proler on 04/26/05 revealed cervical radiculopathy of the left C5 nerve root and an old C6-C7 right greater than left radiculopathy. On 05/13/05, Dr. Saunders recommended passive therapy and a soft cervical

collar. An FCE with Dr. Cook on 06/14/05 revealed the patient functioned in the sedentary to light physical demand level. An MRI of the brain interpreted by Dr. Kamath on 08/17/05 was normal. On 08/22/05, Dr. DeVere recommended a full neuropsychological battery of tests and a repeat EMG/NCV study. On 11/08/05, Dr. Zavala recommended a discogram, a psychiatric evaluation, and possible surgery. An EMG/NCV study interpreted by Dr. Prescott-Johnston on 12/06/05 revealed chronic denervation at the left C6 and C7 nerve roots and possible chronic denervation at the right C5 and C6 nerve roots. A cervical discogram interpreted by Dr. Buyanov on 01/10/06 revealed abnormal discs from C3 through C7 with concordant pain at C5-C6 and C6-C7. On 01/30/06, Dr. Hoine recommended a visual examination and neuropsychological evaluation. On 02/23/06, Dr. Zavala continued to recommend surgery. On 03/15/06, Dr. Saunders recommended physical therapy. Testing with Dr. Cook on 04/11/06 indicated the patient needed further physical therapy. On 05/03/06, Dr. Hoine recommended treatment in a comprehensive multidisciplinary program for the treatment of a postconcussive syndrome two to three times a week for four weeks. On 05/15/06 and 06/29/06, Health Direct, Inc. wrote letters of denial for the cervical spine surgery.

Disputed Services:

C5-C6 and C6-C7 anterior cervical fusion, partial corpectomy, and instrumentation with screws and rods

Decision:

I disagree with the requestor. The C5-C6 and C6-C7 anterior cervical fusion, partial corpectomy, and instrumentation with screws and rods would be neither reasonable nor necessary.

Rationale/Basis for Decision:

In my opinion, this individual appears to have been severely depressed. The patient has been treated with basically passive treatments. He has not been treated by a certified physical therapist. He has been treated with basically passive means. There has been no objective evidence of nerve root compression. Discography in the presence of severe depression would be unreliable. This individual is not likely to improve even with surgical intervention. I do not believe that anterior cervical discectomy, fusion, and instrumentation would be reasonable and necessary as related to the original injury.

Criteria utilized: The textbook Rothman and Simeon, The Spine, Lipinott/Wilkins 2005, Fifth Edition.

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.

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 10/11/06 from the office of Professional Associates.

Sincerely,

_____
Amanda Grimes
Secretary/General Counsel