



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-1750-01  
**NAME OF REQUESTOR:** \_\_\_\_\_  
**NAME OF PROVIDER:** Richard Francis, M.D.  
**REVIEWED BY:** Board Certified in Orthopedic Surgery  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 08/22/06

Dear Ms. \_\_\_\_:

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 Steven J. Enabnit, D.C. dated 07/28/03, 10/24/03, 10/28/03, 11/03/03, 11/07/03, 11/13/03, 12/10/03, 12/15/03, 12/22/03, 12/30/03, 01/05/04, 01/13/04, 01/20/04, 01/27/04, 02/05/04, 02/12/04, 02/19/04, 02/26/04, 03/04/04, 03/11/04, 03/18/04, 03/25/04, 04/01/04, 04/07/04, 04/14/04, 04/21/04, 04/27/04, 07/09/04, 07/19/04, 07/20/04, 07/26/04, 07/27/04, 07/28/04, 08/02/04, 08/06/04, 08/10/04, 08/17/04, 08/27/04, 09/09/04, 09/23/04, 10/20/04, 11/01/04, 11/10/04, 12/01/04, 12/08/04, 12/15/04, 12/29/04, 03/28/05, 04/28/05, 06/17/05, 06/30/05, 03/24/06, 04/17/06, 05/08/06, 05/25/06, and 06/15/06

A prescription from Dr. Enabnit dated 08/22/03

Evaluations with Joseph G. Valdez, M.D. dated 08/28/03, 09/04/03, 09/11/03, 09/18/03, 09/25/03, 10/02/03, 10/09/03, 10/16/03, 10/23/03, 10/30/03, 11/13/03, 11/20/03, 12/04/03, 12/10/03, 12/18/03, 12/30/03, 01/08/04, 01/15/04, 01/22/04, 01/29/04, 02/05/04, 02/12/04, 03/18/04, 03/25/04, 04/27/06, 05/04/06, 05/18/06, 05/25/06, 05/30/06, 06/01/06, and 06/15/06

An EMG/NCV study interpreted by Nelson A. Berrios, M.D. dated 10/21/03

Work conditioning with Dr. Enabnit dated 11/18/03, 11/19/03, 11/20/03, 11/21/03, 11/24/03, 12/01/03, 12/02/03, 12/04/03, 12/05/03, and 12/08/03

An MRI of the lumbar spine interpreted by Charles T. Clayton, M.D. dated 12/11/03

A letter from Jennifer Aiono, Claims Specialist at Working Rx, dated 04/12/04

Chiropractic therapy with Dr. Enabnit dated 05/04/04, 05/05/04, 05/07/04, 05/19/04, 05/21/04, 05/24/04, 05/26/04, 05/28/04, 06/01/04, 06/02/04, 06/04/04, 06/07/04, 06/09/04, 06/11/04, 06/15/04, 06/16/04, 06/21/04, 06/23/04, 06/25/04, 06/30/04, 07/02/04, 07/06/04, 07/08/04, 07/12/04, 07/14/04, 07/16/04, 10/04/04, 10/06/04, 10/11/04, 10/14/04, 10/27/04, 11/03/04, 11/08/04, 11/15/04, 11/22/04, and 11/24/04

A Designated Doctor Evaluation from Victor Kumar-Misir, M.D. dated 06/08/04

A Required Medical Evaluation (RME) with Charles E. George, M.D. dated 06/08/05

Evaluations with Richard Francis, M.D. dated 04/04/06, 05/16/06, and 07/01/06

An MRI of the lumbar spine interpreted by Stanly Lim, M.D. dated 05/02/06

An EMG/NCV study interpreted by Meyer L. Proler, M.D. dated 05/11/06

A letter of adverse determination from Susan Holleman, L.P.N. at Concentra dated 05/26/06

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A letter of non-authorization from Robin Walker, L.V.N. at Texas Mutual Insurance Company dated 06/05/06

A Notice of Independent Review Determination letter from Michael S. Lifslie, M.D. dated 07/10/06

A letter from Jeff Cunningham, D.C. at Independent Review Incorporated dated 07/25/06

A letter from Dr. Enabnit dated 08/03/06

A letter of non-authorization from LaTrace Giles, R.N. at Texas Mutual dated 08/10/06

**Clinical History Summarized:**

On 07/28/03, Dr. Enabnit recommended therapy three times a week for four weeks. Dr. Valdez provided anesthetic injections along the facet of L5, iliolumbar, and sacrolumbar ligaments from 08/28/03 through 11/20/03 for a total of 12 injections. On 10/16/03, Dr. Valdez prescribed Effexor. An EMG/NCV study of the lower extremities interpreted by Dr. Berrios on 10/21/03 was normal. Work conditioning was performed with Dr. Enabnit from 11/18/03 through 12/08/03 for a total of 10 sessions. Dr. Valdez performed injections to the left SI joint from 12/04/03 through 02/12/04 for a total of 10 injections. An MRI of the lumbar spine interpreted by Dr. Clayton on 12/11/03 revealed a disc herniation at L5-S1 and Schmorl's nodes at L1-L2 and L2-L3. An anesthetic injection with proliferant was given to the coccyx by Dr. Valdez on 03/18/04. On 04/14/04, Dr. Enabnit recommended continued physical therapy, a new back brace, a series of lumbar ESIs, Ultram, Vioxx, and Parafon Forte. Chiropractic therapy was performed with Dr. Enabnit from 05/04/04 through 11/24/04 for a total of 36 sessions. On 06/08/04, Dr. Kumar-Misir placed the claimant at Maximum Medical Improvement (MMI) with a 5% whole person impairment rating. On 12/29/04, the claimant was released to medium work duty. On 06/08/05, Dr. George recommended continued treatment with the pain management physician and continued full duty work status. On 06/17/05, Dr. Enabnit recommended a Functional Capacity Evaluation (FCE). On 03/24/06, Dr. Enabnit prescribed a Medrol Dosepak and recommended an orthopedic evaluation. On 03/30/06, Dr. Valdez provided Feldene 20 mg. and a Toradol injection, along with a steroid injection to the left sacrum and SI joint. On 04/27/06 and 05/04/06, Dr. Valdez performed a trial of prolotherapy with anesthetic injections with proliferant along the left SI joint. An MRI of the lumbar spine interpreted by Dr. Lim on 05/02/06 revealed degenerative disc disease, most notable at L5-S1. An EMG/NCV study of the lower extremities interpreted by Dr. Proler on 05/11/06 was unremarkable. On 05/26/06, Ms. Holleman at Concentra wrote a letter of adverse determination for the lumbar surgery. On 06/05/06, Ms. Walker at Texas Mutual provided a letter of non-authorization for the lumbar surgery. On 06/15/06, Dr. Valdez recommended a trial of spinal decompression, Ultram, and Flexeril. On 07/01/06, Dr. Francis continued to recommend the lumbar surgery. On 08/03/06, Dr. Enabnit requested an IRO and felt the spinal decompression therapy was reasonable and

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necessary. On 08/10/06, Ms. Giles, of Texas Mutual, wrote a letter upholding the non-authorization of the spinal surgery.

**Disputed Services:**

L5-S1 post/ant fusion and ICBG pedicle screws

**Decision:**

I disagree with the requestor. The L5-S1 post/ant fusion and ICBG pedicle screws would not be reasonable or necessary.

**Rationale/Basis for Decision:**

The claimant has never been treated with an appropriate strengthening type program. The claimant has been treated with an excessive amount of chiropractic therapy. She has global degenerative disease with mild findings at multiple levels. There was no indication in the medical records of any specific study indicating there was a large degree of the claimant's condition coming from the facets or the disc at L5-S1. Even if the claimant had an established facet joint syndrome at L5-S1, which was Dr. Francis' contention, it would not be treatable with a global spinal fusion. Therefore, in my opinion, the proposed L5-S1 post/ant fusion with ICBG pedicle screws is neither reasonable nor necessary, according to the guidelines promulgated by the North American Spine Society and the guidelines published in the recent Journal of Neurosurgery/Spine.

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.

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**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 claimant via facsimile or U.S. Postal Service this day of 08/22/06 from the office of Professional Associates.

Sincerely,

Lisa Christian  
Secretary/General Counsel