PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-1782-01
NAME OF REQUESTOR:	Steven J. Enabnit, D.C.
NAME OF PROVIDER:	Steven J. Enabnit, D.C.
REVIEWED BY:	Licensed by the Texas State Board of Chiropractic Examiners
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	09/08/06

Dear Dr. Enabnit:

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

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 undated job description
A note of critical job demands dated 04/19/06
Chiropractic treatment with Steven Enabnit, D.C. dated 04/19/06, 04/20/06, 04/24/06, 04/26/06, 04/28/06, 05/01/06, 05/05/06, 05/08/06, 05/10/06, 05/15/06, 05/17/06, 05/19/06, 05/22/06, 05/24/06, 05/26/06, 06/01/06, 06/16/06, 06/28/06, 07/12/06, and 07/19/06
Preauthorization requests from Dr. Enabnit dated 04/20/06, 05/06/06, 06/02/06, 06/22/06, 06/23/06, and 06/30/06
Functional Capacity Evaluations (FCEs) with Dr. Enabnit dated 05/03/06, 05/31/06, and 06/21/06
A letter of preauthorization from Dr. Enabnit dated 06/02/06
Work conditioning with Dr. Enabnit dated 06/07/06, 06/09/06, 06/12/06, 06/13/06, 06/14/06, 06/15/06, 06/20/06, 06/22/06, and 06/23/06
Letters of non-authorization from Liberty Mutual dated 06/29/06, 07/06/06
A letter of appeal from Dr. Enabnit dated 06/29/06
A case report from Davis Bowman, D.C. at Liberty Mutual dated 06/29/06
A case report from Sheri Coleman, D.C. at Liberty Mutual dated 07/06/06
A letter from Rebecca Shultz, R.N. at Liberty Mutual dated 07/28/06

Clinical History Summarized:

Chiropractic therapy was performed with Dr. Enabnit from 04/19/06 through 07/19/06 for a total of 20 sessions. An FCE with Dr. Enabnit on 05/03/06 revealed the patient could perform medium work demands. Another FCE with Dr. Enabnit on 05/31/06 indicated the patient could perform heavy work demands. On 06/02/06, Dr. Enabnit wrote a pre-authorization request for a two to four week work conditioning program. Another FCE with Dr. Enabnit on 06/02/06 revealed the patient was still functioning in the heavy physical demand level. Work conditioning was performed with Dr. Enabnit from 06/07/06 through 06/23/06 for a total of nine sessions. An FCE with Dr. Enabnit on 06/21/06 revealed the patient was still at the heavy

physical demand level. On 06/22/06, Dr. Enabnit wrote a letter of pre-authorization for two more weeks of work conditioning. On 06/29/06 and 07/06/06, Liberty Mutual provided letters of non-authorization of two more weeks of work conditioning. On 06/29/06, Dr. Enabnit wrote a letter of appeal of that decision. On 06/29/06, Dr. Bowman wrote a letter recommending non-authorization of further work conditioning. On 07/06/06, Dr. Coleman also wrote a letter recommending non-authorization of further work conditioning. On 07/28/06, Ms. Shultz wrote a letter recommending the denial be upheld.

Disputed Services:

97545-WC and 97546-WC for two weeks or 10 sessions

Decision:

I disagree with the requestor. The 97545-WC and 97546-WC for two weeks or 10 sessions would be neither reasonable nor necessary.

Rationale/Basis for Decision:

No. Based upon the supplied documentation, description of the patient's job duties on Page 3 of the Labor Code Analysis describing occupational code 930.684-014 for a roughneck oil well driller or platform worker indicates the job strength level required would be that of heavy. Also mentioned in the review performed, it indicated the patient's pain questionnaire indicates he had no pain, motion deficits, or abnormal functional status. Therefore, there would be no need for 97545-WC and 97546-WC for two weeks or 10 sessions.

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 09/08/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel