



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1831-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Robert Urrea, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 09/08/06

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

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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 emergency room evaluation with an unknown provider (the signature was illegible) dated 08/18/03

X-rays of the chest, cervical spine, and pelvis interpreted by Lloyd K. Mark, M.D. dated 08/18/03

Evaluations with Manouchehr Refaeian, M.D. dated 08/27/03, 09/10/03, 10/09/03, 11/26/03, 01/07/04, 05/19/04, 06/22/04, 09/14/04, 01/04/05, 02/02/05, 04/12/05, 04/28/05, 07/18/05, 10/11/05, 12/14/05, 02/16/06, 03/24/06, and 06/16/06

MRIs of the brain and cervical spine interpreted by James H. Algeo, Jr., M.D. dated 09/03/03

An evaluation with Martin Heitzman, M.D. dated 11/14/03

An operative procedure note from Oscar Vega, Jr., M.D. dated 12/10/03

Evaluations with Robert E. Urrea, M.D. dated 01/19/04, 02/04/04, 02/27/04, 07/02/04, 09/13/04, 11/08/04, 12/10/04, 01/21/05, 02/21/05, 04/06/05, 06/08/05, 09/09/05, 01/11/06, 03/23/06, 05/12/06, 05/31/06, and 06/26/06

Designated Doctor Evaluations with Ravindra Arora, M.D. dated 02/24/04 and 09/08/05

A cervical myelogram CT scan interpreted by Douglas K. Woo, M.D. dated 04/01/04

An operative report from Dr. Urrea dated 06/17/04

An MRI of the brain interpreted by Dr. Algeo dated 11/01/04

A CT scan of the cervical spine interpreted by Dr. Algeo dated 11/03/04

An evaluation with Steven P. Glusman, M.D. dated 12/23/04

A Functional Capacity Evaluation (FCE) with Maria Teresa Moton, O.T.R. dated 04/21/05

A letter from Dr. Arora dated 10/10/05

A letter from Brian C. Buck, M.D. dated 11/14/05

An evaluation from Robert A. Olivares, M.D. dated 03/08/06

Procedure notes from Dr. Olivares dated 03/08/06 and 04/25/06

An MRI of the cervical spine interpreted by William M. Boushka, M.D. dated 04/27/06

A letter of denial from Carrie Davis, R.N. at TDI dated 05/31/06

A letter of denial from Claretta Robinson at TDI dated 06/12/06

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Clinical History Summarized:

X-rays of the chest, cervical spine, and pelvis interpreted by Dr. Mark on 08/18/03 revealed only some anterior wedging of the body of C5. An MRI of the cervical spine also interpreted by Dr. Algeo on 09/03/03 revealed small focal disc protrusions at C5-C6 and C4-C5. On 09/10/03, Dr. Refaeian recommended continued physical therapy and medications, along with Vicodin. On 10/09/03, Dr. Refaeian recommended a series of three cervical epidural steroid injections (ESIs). An EMG/NCV study of the right upper extremity interpreted by Dr. Refaeian on 11/26/03 revealed evidence of moderate to advanced bilateral sensory motor median neuropathy that was felt to be over one to two years old and not related to the injury. A cervical ESI was performed by Dr. Vega on 12/10/03. On 01/07/04, Dr. Refaeian recommended possible spinal surgery and physical therapy. On 02/24/04, Dr. Arora felt the patient was not at Maximum Medical Improvement (MMI). A cervical myelogram CT scan interpreted by Dr. Woo on 04/01/04 revealed slight suboptimal optimal opacification of the cervical subarachnoid area and minimal disc protrusions at C4-C5 and C5-C6. On 06/17/04, Dr. Urrea performed cervical spine surgery. On 06/22/04, Dr. Refaeian recommended postoperative physical therapy. On 07/02/04, Dr. Urrea performed a left shoulder Cortisone injection. An MRI of the brain interpreted by Dr. Algeo on 11/01/04 revealed cerebral atrophy and the continued widening of the sulci over the vertex. A CT scan of the cervical spine interpreted by Dr. Algeo on 11/03/04 revealed good positioning of the hardware at C4 through C6. On 01/21/05, Dr. Urrea was prescribed Neurontin. On 02/21/05, Dr. Urrea continued to recommend an evaluation with a plastic surgery for a neuroma removal. On 04/12/05, Dr. Refaeian performed a neck injection in the area of the neuroma. An FCE with Ms. Moton on 04/21/05 revealed the patient could function at the sedentary physical demand level. On 06/08/05, Dr. Urrea continued to recommend neuroma removal. On 09/08/05, Dr. Arora placed the patient at statutory MMI as of 08/22/05 with a 25% whole person impairment rating. On 01/11/06, Dr. Urrea noted the patient's case was under litigation and continued to recommend the neuroma removal. Dr. Olivares performed a cervical ESI on 03/08/06 and 04/25/06. On 03/23/06, Dr. Urrea recommended a cervical MRI and possible surgery. An MRI of the cervical spine interpreted by Dr. Boushka on 04/27/06 revealed only the surgical changes at C4, C5, and C6. On 05/31/06, Dr. Urrea recommended further cervical surgery. On 05/31/06, Ms. Davis wrote a letter of denial for the surgery. On 06/12/06, Ms. Robinson also wrote a letter of denial for the surgery. On 06/26/06, Dr. Urrea recommended a Medical Dispute Resolution (MDR) for the surgery.

Disputed Services:

Cervical endoscopic decompression of C4-C5

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Decision:

I disagree with the requestor. The cervical endoscopic decompression of C4-C5 would be neither reasonable nor necessary.

Rationale/Basis for Decision:

There is no necessity for surgery, whether it is performed endoscopically or open. The patient had an MRI performed on 04/27/06. There was good alignment of the vertebral body. There was no mild ablation. There was no spinal canal or neural foraminal stenosis at any level. Therefore, there was no anatomic basis for surgery.

Second, the physical examination is extraordinarily brief. There was decreased sensation in the entire right arm with decreased function in a non-anatomic distribution. On the basis of the patient's symptoms, once again, there is no requirement for surgery. The screening criteria for those two recommendations come from general accepted textbooks in the field, including Rothman and Simeon, The Spine. Generally accepted recommendations in the field of spinal surgery was in order to perform a decompression, there must be some anatomic lesion compression the nerves. That has not been demonstrated.

In addition, the use of an endoscopic technique in the cervical spine would be neither reasonable nor necessary. There was no scientific evidence that such a procedure has any utility.

In conclusion, after review of the medical record, the use of any decompression at C4-C5 would be neither reasonable, nor necessary, especially in endoscopic decompression.

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 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