PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-1838-01
NAME OF REQUESTOR:	Valley Total Healthcare Systems
NAME OF PROVIDER:	Valley Total Healthcare Systems
REVIEWED BY:	Board Certified in Pain Management Board Certified in Anesthesiology Added Qualifications in Pain Medicine
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	09/18/06

Dear Valley Total Healthcare Systems:

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 Pain Management, Anesthesiology, and Added Qualifications in Pain Medicine 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:

MRIs of the cervical spine and right shoulder interpreted by Kevin E. Legendre, M.D. dated 12/09/04
Evaluations with Tim S. Chowdhury, M.D. dated 10/05/05, 11/17/05, 03/22/06, 05/04/06, 06/14/06, 06/27/06, and 07/20/06
Operative reports from Dr. Chowdhury dated 10/19/05, 04/12/06, and 05/16/06
A TWCC-69 form from J. Thomas Dilger (no credentials were listed) dated 10/27/05
A Functional Capacity Evaluation (FCE) with Julie Limon, L.P.T. dated 11/17/05
An evaluation with Desirae Valadez, L.P.C.-I. dated 03/29/06
A Physical Performance Evaluation (PPE) with an unknown provider (the signature was illegible) dated 05/12/06
A letter from Ms. Valadez dated 05/23/06
Letters of denial from Corvel dated 05/31/06 and an unknown date
A letter from Scott D. Bouton at Flahive, Ogden & Latson Attorneys at Law dated 08/14/06

Clinical History Summarized:

MRIs of the cervical spine and right shoulder interpreted by Dr. Legendre on 12/09/04 revealed disc pathology at C5-C6 with straightening of the cervical lordosis and fraying of the anterior glenoid labrum in the shoulder with evidence of biceps tenosynovitis. On 10/05/05, Dr. Chowdhury recommended continued medications. A cervical epidural steroid injection (ESI) was performed by Dr. Chowdhury on 10/19/05. On 10/27/05, Dr. Dilger placed the patient at Maximum Medical Improvement (MMI) with a 12% whole person impairment rating. An FCE with Ms. Limon on 11/17/05 revealed the patient functioned in the sedentary light physical demand level. On 11/17/05 and 03/22/06, Dr. Chowdhury recommended repeat cervical ESIs.

On 03/29/06, Ms. Valadez recommended a chronic pain management program. Dr. Chowdhury performed cervical ESIs on 04/12/06 and 05/16/06. An FCE with an unknown provider on 05/12/06 indicated the patient could function at the below sedentary to sedentary physical demand level. On 05/23/06, Ms. Valadez recommended a two week chronic pain management program. On 05/31/06 and an unknown date, Corvel wrote letters of denial for the pain management program. On 06/27/06, Dr. Chowdhury performed trigger point injections in the neck and shoulder. On 08/14/06, Mr. Bouton wrote a letter requesting a Contested Case Hearing (CCH).

Disputed Services:

Chronic behavioral pain management program times 10 sessions

Decision:

I disagree with the requestor. The chronic behavioral pain management program times 10 sessions would not be reasonable or necessary.

Rationale/Basis for Decision:

This patient underwent cervical spine surgery on 07/10/06, only two months ago. He has not had sufficient time for healing and rehabilitation from that surgery to justify a tertiary level of care such as a chronic pain management program. There has been no documentation of follow-up by the operating surgeon nor any documentation that the patient had even begun, much less completed, a postoperative physical therapy program. There was also no valid medical evidence of this patient having any psychological disturbances of manifestations of psychological illness in any of Dr. Chowdhury's medical progress notes. Clearly, then, the patient has not exhausted all appropriate medical treatment, evaluations, and options and will still require primary and secondary levels of treatment for post spinal surgery rehabilitation. Moreover, the patient has had no trial of an anti-depressant or lesser levels of psychological treatment. Unless all primary and secondary medical treatment options and evaluations have been exhausted, a chronic pain management program would not be medically reasonable or necessary, especially absent any valid medical evidence of a psychological condition requiring such treatment. Therefore, I fully agree with the carrier regarding denial of the request for 10 sessions of a chronic pain

management program, which, in my opinion, would not be medically reasonable or necessary treatment as related to the alleged work injury of ___.

North American Spine Society Guidelines for Multidisciplinary Spine Care Specialists, 2003

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 09/18/06 from the office of Professional Associates.

Sincerely,

_____
Lisa Christian
Secretary/General Counsel