



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1887-01
NAME OF REQUESTOR: Danny Bartel, M.D.
NAME OF PROVIDER: Danny Bartel, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 09/25/05

Dear Dr. Bartel:

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

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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 Employer's First Report of Injury or Illness dated 08/07/02
CT scans of the neck and thorax interpreted by Robert T. Neal, M.D. dated 08/08/02
A notice "To Whom It May Concern" from an unknown provider (the signature was illegible) dated 08/08/02
A modified barium swallow interpreted by Dr. Neal dated 08/26/02
X-rays of the left shoulder interpreted by Dr. Neal dated 09/12/02
Evaluations with D.R. Bartel, M.D. dated 09/12/02 and 10/10/02
An MRI of the cervical spine interpreted by Dr. Neal dated 09/27/02
An EMG/NCV study interpreted by Dr. Bartel dated 10/10/02
Epidural steroid injections (ESIs) with Dr. Bartel dated 11/07/02, 11/21/02, and 12/05/02
A gallbladder sonogram interpreted by Dr. Neal dated 12/10/02
Evaluations with Lawrence Russell, P.A.-C. for Dr. Bartel dated 01/20/03, 02/27/03, 06/09/03, 08/04/03, 10/09/03, 12/08/03, 02/03/04, 04/29/04, 08/12/04, 11/04/04, and 01/27/05
Evaluations with Sanjoy Sundaresan, M.D. dated 04/10/03, 05/12/03, 11/04/03, 11/25/03, and 12/02/03
Letters written by Dr. Sundaresan dated 05/07/03, 05/13/03, 06/11/03, and 10/28/03
A letter from Stanley J. Bigos, M.D. dated 05/12/03
Evaluations with Robert Powell, P.A.-C. for Dr. Sundaresan dated 06/09/03, 09/18/03, 10/20/03, and 01/06/04
A letter from Mr. Powell dated 06/09/03
Evaluations with Jimmy Whetsell, P.A.-C. for Dr. Bartel dated 07/09/03, 10/22/03, 12/04/03, and 03/01/06
A Required Medical Evaluation (RME) with William E. Blair, Jr., M.D. dated 08/14/03
A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was available) dated 08/14/03

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Injection reports from Dr. Sundaresan dated 10/28/03, 11/04/03, 11/11/03, 11/25/03, and 12/02/03

A TWCC-69 form from G. Peter Foox, M.D. dated 07/27/04

Letters from Dr. Bartel dated 12/01/04, 01/16/06, and 07/10/06

A cervical myelogram CT scan interpreted by Paul N. Renton, Jr., M.D. dated 02/15/05

Laboratory studies dated 02/24/05 and 03/08/05

Evaluations with Jacob Rosenstein, M.D. dated 03/16/05 and 08/29/05

A letter written by Dr. Rosenstein dated 03/31/05

A medical conference note from Dr. Rosenstein dated 04/07/05

Evaluations with Medhat Michael, M.D. for Dr. Bartel dated 04/27/05 and 07/20/05

A letter from an unknown provider (no name or signature was available) at Medical Review Institute of America dated 05/17/05

Letters from Kimberly Havins, R.N., M.S.N., F.N.P. for Dr. Bartel dated 07/25/05, 11/17/05, and 12/07/05

Evaluations with Ms. Havins dated 10/12/05, 12/06/05, 05/24/06, and 08/16/06

An RME with Martin R. Steiner, M.D. dated 01/06/06

Letters of adverse determination from UniMed Direct, L.L.C. dated 06/28/06 and 07/24/06

Clinical History Summarized:

CT scans of the neck and thorax interpreted by Dr. Neal on 08/08/02 were normal. X-rays of the left shoulder interpreted by Dr. Neal on 09/12/02 revealed mild degenerative change at the AC joint. An MRI of the cervical spine interpreted by Dr. Neal dated 09/27/02 revealed a disc herniation at C5-C6 with some indentation to the surface of the cord. An EMG/NCV study interpreted by Dr. Bartel on 10/10/02 revealed chronic C6 radiculopathy on the left. ESIs were performed with Dr. Bartel on 11/07/02, 11/21/02, and 12/05/02. On 04/10/03, Dr. Sundaresan recommended a cervical discogram and possible surgery. On 05/07/03 and 06/11/03, Dr. Sundaresan recommended reconsideration of the discogram. On 05/12/03, Dr. Bigos felt the discogram was not reasonable. On 05/13/03, Dr. Sundaresan felt the lumbar spine should be compensable. An FCE with Dr. Blair on 08/14/03 determined the patient functioned in the light physical demand level. On 09/18/03, Mr. Powell continued to recommend the cervical myelogram. Mr. Russell prescribed Topamax on 10/09/03. Dr. Sundaresan performed bilateral C5-C7 transforaminal and cervical facet joint injections on 10/28/03, 11/04/03, 11/11/03, 11/25/03, and 12/02/03. On 12/04/03, Mr. Whetsell recommended a cervical radiofrequency facet neurotomy and possible surgery. Mr. Russell prescribed Trileptal and continued Lortab and Flexeril on 12/08/03. Surgery was recommended by Mr. Powell on 01/06/04. On 07/27/04,

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Dr. Foox placed the patient at Maximum Medical Improvement (MMI) with a 5% whole person impairment rating. Mr. Russell deferred surgery on 08/12/04. On 12/01/04, Dr. Bartel recommended an MRI and EMG/NCV study. The cervical myelogram CT scan interpreted by Dr. Renton on 02/15/05 revealed a significant nerve root sleeve filling defect at C5-C6, a disc bulge at C5-C6, and a small disc bulge at C4-C5. On 03/16/05, Dr. Rosenstein wanted to proceed with surgery. On 05/17/05, Medical Review Institute of America wrote a letter stating surgery was not reasonable until cervical x-rays, a repeat MRI, and probable discogram were done. On 08/29/05, Dr. Rosenstein indicated the patient qualified for surgery. On 01/06/06, Dr. Steiner felt no further treatment or medications would be reasonable or necessary. On 03/01/06, Mr. Whetsell continued the patient on Lortab and Flexeril and requested reconsideration of the surgery. On 05/24/06, Ms. Havins recommended a cervical MRI. UniMed Direct wrote letters of adverse determination for the cervical MRI on 06/28/06 and 07/24/06. On 07/10/06, Dr. Bartel continued to recommend the cervical MRI. On 08/16/06, Ms. Havins continued the patient on Lortab and Flexeril.

Disputed Services:

MRI of the cervical spine

Decision:

I disagree with the requestor. The MRI of the cervical spine would be neither reasonable nor necessary.

Rationale/Basis for Decision:

Further diagnostic studies are neither reasonable nor necessary. This injury is now over 4-years-old. The patient was involved in a motor vehicle accident (MVA) when she was struck from behind. She had recent studies, which showed some cervical spondylosis. Her symptoms do not correspond to the findings on the CT myelogram. When the patient was examined by Dr. Steiner in January of this year, it was his feeling that further treatment was neither reasonable nor necessary as in his opinion, there was no indication for further surgical intervention or other further treatment. Dr. Bartel has been of the opinion that further diagnostics are necessary because the patient had progression of disc disease and "showing signs of myelopathy". However, the physical examination is not consistent with myelopathy, it was consistent with pain mediated weakness and no long tract signs. The objective examination by Dr. Steiner showed no

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evidence of myelopathy. This patient had been adequately treated. No new information would be gained by another diagnostic study. Treatment has been adequate. A new study would not change the patient's prognosis or treatment.

Medical criteria utilized include the chapter on cervical disc disease in Rothman and Simeon,

The 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.

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

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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 09/25/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel