



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0039-01
NAME OF REQUESTOR: Advantage Healthcare Systems
NAME OF PROVIDER: Dawn Batiz, D.C.
REVIEWED BY: Licensed in Psychology
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 10/17/06

Dear Advantage 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 Licensed in the area of Psychology 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 Employer's First Report of Injury or Illness dated 09/22/05

An undated job requirements form

An evaluation with Devon K. Williams, P.A. for Martha K. Walkup, D.O. dated 09/22/05

A TWCC-73 form from Dr. Walkup dated 09/22/05

Chiropractic therapy with Dawn C. Batiz, D.C. dated 09/23/05, 09/26/05, 09/28/05, 09/29/05, 10/04/05, 10/10/05, 10/12/05, 10/13/05, 10/17/05, 10/18/05, 10/20/05, 10/24/05, 10/25/05, 10/27/05, 10/31/05, and 11/28/05

An evaluation with Ronald J. Davis, D.O. dated 09/27/05

An MRI of the lumbar spine interpreted by Darrell Hobson, D.C. dated 10/13/05

An evaluation with Laurence F. Lo, M.D. dated 10/26/05

Evaluations with Bryce I. Benbow, D.O. dated 10/27/05 and 11/29/05

An MRI of the cervical spine interpreted by Robert J. Longenecker, D.C. dated 11/08/05

An evaluation and EMG/NCV study with J. B. Brock, D.C. dated 11/10/05

A prescription for an EMS 400 unit from Dr. Batiz dated 11/22/05

A preauthorization request from Dr. Batiz dated 12/04/05

An evaluation with A. Cottrell, P.A.-C. for John C. Milani, M.D. dated 12/08/05

Evaluations with Dr. Milani dated 12/09/05, 01/24/06, and 07/18/06

A Notice of Disputed Issue(s) and Refusal to Pay Benefits Form from Chubb Group dated 12/27/05

A procedure note from Jay Zerner, M.D. dated 01/10/06

DWC-73 forms from Dr. Milani dated 01/24/06 and 07/18/06

A psychological evaluation with Vickie Johns, M.S., L.P.C. dated 02/27/06

Group therapy with Ms. Johns dated 03/13/06 and 04/26/06

Work hardening with an unknown provider (no name or signature was available) dated 03/13/06, 04/25/06, 04/26/06, and 04/27/06

Evaluations with Sybil R. Reddick, M.D. dated 03/17/06, 03/31/06, 04/21/06, and 06/16/06

A Functional Capacity Evaluation (FCE) with Dr. Batiz dated 04/25/06

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Treatment with an unknown provider (the signature was illegible) as part of the work hardening program dated 04/26/06 and 04/27/06

A Designated Doctor Evaluation with Andrew Brylowski, M.D. dated 05/04/06

An FCE with Karl D. Erwin, M.D. dated 05/11/06

A Required Medical Evaluation (RME) with Hooman Sedighi, M.D. dated 06/07/06

A letter of preauthorization from Ms. Johns dated 06/07/06

A DWC-73 form from Dr. Sedighi dated 06/07/06

An RME with John Pispidikis, D.C. dated 06/13/06

Letters of denial from Corvel dated 06/15/06, 07/07/06, and 07/31/06

A treatment summary from Ms. Johns dated 06/16/06

A request for appeal from Ms. Johns dated 06/23/06

A psychiatric evaluation with Tommy Overman, Ed.D. dated 07/11/06

An addendum report from Dr. Brylowski dated 07/17/06

An evaluation with Dr. Pispidikis dated 08/02/06

Clinical History Summarized:

Chiropractic therapy was performed with Ms. Batiz from 09/23/05 through 11/28/05 for a total of 16 sessions. On 09/27/05, Dr. Davis provided Soma and Ultram. An MRI of the lumbar spine interpreted by Dr. Hobson on 10/13/05 revealed 1 to 2 mm. disc bulges at L4-L5 and L5-S1 with mild foraminal narrowing. An MRI of the cervical spine interpreted by Dr. Longenecker on 11/08/05 revealed disc desiccation at C2 through C5. On 11/10/05, Dr. Brock recommended a possible MRI of the head with possible neurological evaluation and a continued exercise program. On 11/22/05, Dr. Batiz wrote a prescription for an EMS 400 unit. On 12/04/05, Dr. Batiz wrote a letter of preauthorization for active therapy two to three times a week for two weeks. On 12/27/05, Chubb Group wrote a letter denying the cervical desiccation and head injury. On 01/10/06, Dr. Zerner performed a lumbar epidural steroid injection (ESI) and facet injections. Group therapy was performed with Ms. Johns on 03/13/06 and 04/26/06. Work hardening was performed with an unknown provider on 03/13/06, 04/25/06, 04/26/06, and 04/27/06. On 04/21/06, Dr. Reddick performed trigger point injections, recommended two more weeks of work hardening, and prescribed Ambien. After an FCE with Dr. Batiz on 04/25/06, an additional two weeks of work hardening were requested. On 05/04/06, Dr. Brylowski placed the patient at Maximum Medical Improvement (MMI) with a 0% whole person impairment rating. An FCE with Dr. Erwin on 05/11/06 was inconsistent but it was felt the patient could function in at least the light-medium physical demand level. On 06/07/06, Dr. Sedighi felt no further treatment was reasonable or necessary. On 06/07/06 and 06/23/06, Ms. Johns requested four sessions of individual counseling. On 06/13/06, Dr. Pispidikis felt the patient was not at MMI and assigned him a 10% impairment rating while also recommending a psychological evaluation

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and possible pain management program. On 06/15/06, 07/07/06, and 07/31/06, Corvel wrote letters of denial for four sessions of individual counseling. On 06/16/06, Dr. Reddick also recommended a pain management program. On 07/11/06, Mr. Overman also recommended a pain management program. On 07/18/06, Dr. Milani recommended another ESI. Chiropractic therapy was performed with Dr. Pispidikis on 08/02/06.

Disputed Services:

Four sessions of individual counseling

Decision:

I disagree with the requestor. The four sessions of individual counseling is neither reasonable nor necessary.

Rationale/Basis for Decision:

Based on the records and the medical and psychological evidence provided, the four sessions of individual counseling are not reasonable and necessary. The original request for individual treatment on 06/07/06 was made by Advantage Healthcare, Vickie Johns, M.S., L.P.C. There was no accompanying supporting documentation in the records as to the relatedness to the original injury, the purpose of treatment or the expected outcomes. A peer review was attempted but the reviewer was unable to make contact with the requestor. The request was denied by the reviewer with the statement "there is little documentation available to support the request." On 06/13/06, an RME was performed which recommended a mental health evaluation and a comprehensive pain management program. A physiatrist (Sybil Reddick, M.D.) evaluated the patient on 06/16/06 and recommended that the patient would be a good candidate for a comprehensive pain management program and that "he has been treated with other conservative measures with persistence of his pain and an increase in depression." Ms. Johns performed an additional evaluation on 06/16/06 and she also recommended a chronic pain program and that individual therapy be provided in the context of this program. On 06/23/06, Ms. Johns appealed the denial of individual psychotherapy. A peer review was again attempted but the reviewer was unable to establish contact with the treating doctor and the request was denied due to the lack of medical rationale for the intervention or any documentation of expected outcomes. A diagnostic interview was performed on 07/11/06 by Tommy Overman, Ed.D., who also recommended an interdisciplinary rehabilitation pain management program. The request for individual treatment was redundant with the request for a chronic pain program (which is

inclusive of individual psychotherapy) and there was no substantiated documentation in the medical record concerning the benefit of individual psychotherapy alone.

Based on the available information, the request for four individual counseling sessions is not reasonable and necessary per evidenced based guidelines.

References:

ACOEM Guidelines and the Official Disability Guidelines from the Work Loss Data Institute.

The ACOEM Guidelines, Chapter 6, page 110-113 outlines the specific documentation necessary in determining a patient's treatment needs. There was no MMPI-2 objective psychological testing as recommended on page 109 of the ACOEM guidelines to establish a psychological diagnosis or treatment plan. The evidence and support for individual psychotherapy was not established.

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.

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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 10/17/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel