



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0064-01
NAME OF REQUESTOR: Brad Burdin, D.C.
NAME OF PROVIDER: Brad Burdin, D.C.
REVIEWED BY: Board Certified in Family Practice
Board Certified in Preventive & Occupational
Medicine
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 11/21/06

Dear Dr. Burdin:

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 Family Practice and Preventive Occupational 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

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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:

Evaluations with Brad Burdin, D.C. dated 05/09/05, 05/24/05, 05/25/05, 06/24/05, 08/15/05, 09/16/05, 10/12/05, 11/09/05, 11/16/05, 12/13/05, 01/11/06, 02/10/06, 03/10/06, 03/31/06, 05/01/06, 05/09/06, 05/10/06, 05/15/06, 05/30/06, 06/30/06, 07/27/06, 08/31/06, and 09/27/06

An MRI of the lumbar spine interpreted by Raul A. Pelaez, M.D. dated 05/13/05

Evaluations with Morris H. Lampert, M.D. dated 05/19/05, 06/30/05, 10/27/05, 12/20/05, and 05/25/06

An evaluation and EMG/NCV study with David M. Hirsch, D.O. dated 06/21/05

A letter regarding a dispute from Dr. Burdin dated 07/15/05

Procedure notes from Dr. Hirsch dated 11/03/05, 12/14/05, 02/21/06, and 09/05/06

Evaluations with Joseph William Walbert, Jr., P.A.-C. for Dr. Hirsch dated 11/19/05 and 01/12/06

A Functional Capacity Evaluation (FCE) with Kipp Clayton, O.T.R. dated 03/24/06

Evaluations by Kerry W. Eberhard, P.A.-C. for Dr. Hirsch dated 04/10/06 and 07/21/06

An evaluation with an unknown provider (no name or signature was provided) dated 05/25/06

An evaluation with Dr. Hirsch dated 06/14/06

Letters of request for an EMG/NCV study from Dr. Burdin dated 07/31/06 and 08/18/06

A letter of denial for the EMG/NCV study from Andrew Prychodko, M.D. dated 08/23/06

Clinical History Summarized:

An MRI of the lumbar spine interpreted by Dr. Pelaez dated 05/13/05 revealed Schmorl's nodes at L2 through L5 and degenerative disease with disc bulging at L4-L5 and L5-S1. On 05/19/05, Dr. Lampert recommended an EMG/NCV study, Skelaxin, Nortriptyline, Tylenol ES, Biofreeze, and an exercise program. An EMG/NCV study interpreted by Dr. Hirsch on 06/21/05 revealed lower extremity sensory neuropathy that was not work related. There was also an annular tear causing right sided S1 sensory radiculopathy. On 07/15/05, Dr. Burdin recommended a return to modified work duty and continued physical therapy with possible injections. Dr. Hirsch

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performed epidural steroid injections (ESIs) on 11/03/05, 12/14/05, and 02/21/06. On 12/20/05, Dr. Lampert recommended continued light work duty, Nortriptyline, Tylenol ES, Soma, and Motrin or Aleve. On 03/10/06, Dr. Burdin recommended occupational therapy. An FCE with Mr. Clayton on 03/24/06 revealed the claimant could tolerate her regular job duties. On 03/31/06, Dr. Burdin recommended physical therapy and work restrictions. Dr. Burdin provided chiropractic therapy on 05/09/06 and 05/10/06. On 05/30/06, Dr. Burdin recommended injections, off work status, and continued home exercises. On 06/14/06, Dr. Hirsch recommended a fourth ESI. On 07/21/06, Ms. Eberhard also recommended ESIs. On 07/27/06, Dr. Burdin recommended a repeat EMG/NCV study, along with a urological evaluation. Dr. Burdin wrote request letters for the EMG/NCV study on 07/31/06 and 08/18/06. Dr. Prychodko wrote a letter of denial for the EMG/NCV study on 08/23/06. Dr. Hirsch performed a fourth ESI on 09/05/06. On 09/27/06, Dr. Burdin also requested an EMG/NCV study.

Disputed Services:

Repeat EMG/NCV study of the right lower extremity and a repeat EMG/NCV study of the left lower extremity

Decision:

I disagree with the requestor. The repeat EMG/NCV study of the right lower extremity and the repeat EMG/NCV study of the left lower extremity would be neither reasonable nor necessary.

Rationale/Basis for Decision:

At this point electrodiagnostics would provide no necessary information for the management of this individual. Over the general course of this case there have been essentially no objective findings compatible with radiculopathy such as loss of the relevant reflex, atrophy of the extremity, etc. Additionally, there has been no consistent documentation of a sensory or motor loss in a specific dermatomal fashion. Prior electrodiagnostics failed to show a radiculopathy. Imaging studies likewise failed to document any specific nerve root compression. It is noted that when the individual first presented that she was complaining of right lower extremity symptoms and now primarily, left. The Official Disability Guidelines (ODG) indicates that EMGs may be useful to obtain unequivocal evidence of radiculopathy, but EMGs are not necessary if radiculopathy is clinically obvious. Further, in this particular case, even if repeat electrodiagnostic were accomplished and showed a radiculopathy, then the next step would be to obtain additional imaging such as a CT myelogram in order to determine if any nerve root compression is present and if so, if such would be amenable to surgery. Thus, the EMG would

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be an unnecessary step. If it is felt that the individual is demonstrating signs and symptoms of radiculopathy on clinical examination, painting a more definitive imaging study would be in order, as opposed to repeating electrodiagnostics.

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.

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I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the claimant via facsimile or U.S. Postal Service this day of 11/21/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel