



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-07-0106-01  
**NAME OF REQUESTOR:** Steven Enabnit, D.C.  
**NAME OF PROVIDER:** Steven Enabnit, D.C.  
**REVIEWED BY:** Licensed by the Texas State Board of Chiropractic  
Examiners  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 11/01/06

Dear Dr. Enabnit:

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 Chiropractics 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:**

Evaluations with Steven J. Enabnit, D.C. dated 02/21/05, 03/30/05, and 05/17/05

Chiropractic therapy with Dr. Enabnit dated 02/22/05, 02/23/05, 02/24/05, 02/25/05, 02/28/05, 03/02/05, 03/04/05, 03/07/05, 03/09/05, 03/14/05, 03/16/05, 03/18/05, 03/21/05, 03/23/05, 03/28/05, 04/01/05, 04/04/05, 04/06/05, 04/11/05, 04/12/05, 04/18/05, 04/21/05, 04/22/05, 04/25/05, 04/29/05, 05/02/05, 05/04/05, 05/06/05, 05/09/05, 05/11/05, 05/13/05, 05/16/05, 05/18/05, 05/20/05, 05/25/05, 05/31/05, 06/01/05, 06/03/05, 06/07/05, 06/09/05, 06/10/05, 06/15/05, 06/16/05, 06/17/05, 06/20/05, 06/24/05, 06/29/05, 06/30/05, 07/01/05, 07/06/05, 07/07/05, 07/08/05, 07/11/05, 07/13/05, 07/15/05, 07/20/05, 07/26/05, 07/28/05, 07/29/05, 08/03/05, 08/04/05, 08/05/05, 08/09/05, 08/19/05, 09/02/05, 09/09/05, 09/19/05, 10/20/05, 10/27/05, 11/03/05, 11/28/05, 12/14/05, 12/28/05, 01/04/06, 01/09/06, 01/11/06, 01/12/06, 01/13/06, 01/17/06, 02/06/06, 03/27/06, 04/10/06, 04/24/06, 05/08/06, 05/10/06, 05/12/06, 05/17/06, 05/19/06, 05/22/06, 05/24/06, 05/26/06, 05/31/06, 06/01/06, and 06/02/06

An EMG/NCV study interpreted by Meyer L. Proler, M.D. dated 03/07/05

Physical Performance Evaluations (PPEs) with Dr. Enabnit dated 03/08/05, 04/07/05, 04/28/05, 05/23/05, 06/21/05, 07/26/06, and 09/15/06

X-rays and an MRI of the lumbar spine interpreted by Edward Knudson, M.D. dated 03/10/05

A Required Medical Evaluation (RME) with Samir S. Ebead, M.D. dated 06/22/05

Functional Capacity Evaluations (FCEs) with Dr. Enabnit dated 07/19/05 and 06/29/06

Evaluations with Richard Francis, M.D. dated 08/27/05, 09/13/05, 03/21/06, 05/06/06, 06/17/06, and 09/14/06

Evaluations with Jerry M. Keepers, M.D. dated 10/21/05, 11/17/05, 12/22/05, 01/12/06, 02/09/06, 06/15/06, 07/13/06, and 10/05/06

Procedure notes from Dr. Keepers dated 01/03/06 and 01/10/06

Evaluations with John Sebok, D.O. dated 03/23/06, 04/20/06, 05/02/06, 05/18/06, 08/08/06, and 09/07/06

A letter of partial approval from St. Paul Travelers dated 04/04/06

An evaluation and operative report from Dr. Francis dated 04/26/06

Intraoperative neurophysiologic monitoring from Joel Wolinsky, M.D. dated 04/26/06

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A pathology report interpreted by Ashok Balsaver, M.D. dated 04/28/06

A letter of denial from St. Paul Travelers dated 08/24/06

**Clinical History Summarized:**

Chiropractic therapy was performed with Dr. Enabnit from 02/22/05 through 06/02/06 for a total of 94 sessions. An EMG/NCV study of the bilateral lower extremities interpreted by Dr. Proler on 03/07/05 revealed evidence of bilateral L5 and S1 radiculopathy. A PPE with Dr. Enabnit on 03/08/05 indicated the patient could work in the light physical demand level and an aquatic exercise program was also requested. An MRI of the lumbar spine interpreted by Dr. Knudson on 03/10/05 revealed disc herniations at L4-L5 and L5-S1. PPEs with Dr. Enabnit on 04/07/05 and 04/28/05 indicated the patient could function at the medium physical demand level. PPEs with Dr. Enabnit on 05/23/05 and 06/21/05 indicated the patient could function at the light physical demand level. On 06/22/05, Dr. Ebead recommended an evaluation with an orthopedic or neurosurgeon, possible epidural steroid injections (ESIs) and physical therapy, possible further diagnostic testing, and no further chiropractic treatment. An FCE with Dr. Enabnit on 07/19/05 indicated the patient could function in the medium physical demand level. On 08/27/05, Dr. Francis recommended lumbar ESIs, a lumbar corset, and continued physical therapy. On 09/13/05, Dr. Francis continued to recommend the lumbar ESIs. On 10/21/05, 11/17/05, and 12/22/05, Dr. Keepers recommended lumbar ESIs and continued medications. Lumbar ESIs were performed by Dr. Keepers on 01/03/06 and 01/10/06. Dr. Keepers also recommended ESIs on 01/12/06, 02/09/06, and 02/23/06. On 03/21/06, Dr. Francis recommended a laminectomy and discectomy at L4-L5 and L5-S1. Dr. Sebok prescribed Zanaflex and Norco on 03/23/06. On 04/04/06, St. Paul Travelers wrote a letter of approval for surgery. Lumbar surgery was performed by Dr. Francis on 04/26/06. Lortab was refilled by Dr. Sebok on 05/02/06. On 05/06/06, Dr. Francis prescribed a Medrol Dosepak and recommended physical therapy. On 06/15/06, Dr. Keepers prescribed Bioflexor gel, Zanaflex, and Xodol. On 06/17/06, Dr. Francis recommended an FCE. An FCE with Dr. Enabnit on 06/29/06 revealed the patient could function in the medium physical demand level. On 08/24/06, St. Paul Travelers wrote a letter of denial for work hardening. On 09/14/06, Dr. Francis recommended a home exercise program and weaning from narcotic medication. Another PPE with Dr. Enabnit on 09/15/06 indicated the patient could function in the light physical demand level. On 10/05/06, Dr. Keepers refilled Bioflexor gel, Flexeril, Lorcet, and Lodine.

**Disputed Services:**

Twenty sessions of work hardening

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**Decision:**

I disagree with the requestor. The 20 sessions of work hardening would not be reasonable or necessary.

**Rationale/Basis for Decision:**

After reviewing the medical records provided for my review, it was found the patient was injured on \_\_\_\_\_. The patient had surgery to the lumbar spine on 04/26/06. He completed a postoperative rehabilitation program that began in May 2006. The treatment in question is 20 sessions of work hardening. According to the American Physical Therapy Associated Guidelines for Work Hardening and Work Conditioning Programs, to be eligible for work hardening a patient must have a targeted job or job plan for return to work, have a stated willingness to participate, and have identified physical, functional, behavioral, and vocational deficits that interfere with work. According to the medical records, the last PPE was on 09/15/06 showed the patient was functioning at a heavy demand level. According to the dictionary of occupational titles, a cook (which is the patient's occupation) has a demand level of medium. In addition, the records provided did not have a psychological evaluation performed to see if the patient would be able to benefit from a work hardening program. Thus, the patient not having any physical or behavioral deficits, is not eligible for entrance into a work hardening program according to the guidelines mentioned above.

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.

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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 11/01/06 from the office of Professional Associates.

Sincerely,

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Amanda Grimes  
Secretary/General Counsel