



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0135-01
NAME OF REQUESTOR: Brad Burdin, D.C.
NAME OF PROVIDER: Brad Burdin, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 10/25/06

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 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:

CT scans of the head, cervical spine, and lumbar spine interpreted by an unknown physician (no name or signature was available) dated 10/26/03

Evaluations with Morris H. Lampert, M.D. dated 01/22/04, 06/25/04, 12/23/04, 01/25/05, 04/08/05, 04/22/05, 06/21/05, 09/15/05, and 06/30/06

Evaluations with David M. Hirsch, D.O. dated 02/26/04, 03/08/04, 04/12/04, 04/29/04, and 10/06/04

Evaluations with Brad Burdin, D.C. dated 05/04/04, 05/10/04, 06/09/04, 09/02/04, 11/08/04, 11/29/04, 01/03/05, 02/03/05, 03/10/05, 04/07/05, 04/20/05, 05/09/05, 06/09/05, 07/07/05, 08/08/05, 09/09/05, 10/20/05, 11/28/05, 03/13/06, 04/13/06, 06/02/06, and 08/01/06

Operative reports with Dr. Hirsch dated 05/21/04 and 12/03/04

A lumbar myelogram CT scan interpreted by Gregory Godwin, M.D. dated 06/04/04

Letters written by Dr. Burdin dated 10/07/04, 01/12/06,

An MRI of the lumbar spine interpreted by Dr. Godwin dated 10/28/04

EMG/NCV studies interpreted by Dr. Hirsch dated 11/09/04 and 10/18/05

A lumbar myelogram CT scan interpreted by W. Gregory Wojcik, M.D. dated 01/24/05

An MRI of the cervical spine interpreted by John F. Black, M.D. dated 03/15/05

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

A letter written by Dr. Lampert dated 09/15/05

Requests for a repeat CT scan by Dr. Burdin dated 08/02/06 and 08/18/06

Letters of denial from Intracorp dated 08/07/06 and 08/24/06

Clinical History Summarized:

CT scans of the head, cervical spine, and lumbar spine interpreted by an unknown provider on 10/26/03 revealed only degenerative disease of the cervical spine and a compression fracture at L1 with degenerative findings in the lumbar spine. A lumbar epidural steroid injection (ESI) was performed by Dr. Hirsch on 02/26/04. On 05/21/04, Dr. Hirsch performed lumbar facet injections. A lumbar myelogram CT scan interpreted by Dr. Godwin on 06/04/04 revealed

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degenerative changes, a prior compression deformity of L1, and scoliosis. On 10/06/04, Dr. Hirsch requested a quad cane for ambulation. On 10/07/04, Dr. Burdin wrote a letter requesting preauthorization for EMG/NCV studies. An MRI of the lumbar spine interpreted by Dr. Godwin on 10/28/04 revealed the same findings as the myelogram. An EMG/NCV study interpreted by Dr. Hirsch on 11/09/04 revealed acute mild L5 bilateral radiculopathy and lower extremity sensory neuropathy. Dr. Hirsch performed a right lumbar ESI on 12/03/04. On 12/23/04, Dr. Lampert recommended Amitriptyline, Skelaxin, Ibuprofen, continued back bracing, exercises, a pain management program, and surgery. A lumbar myelogram CT scan interpreted by Dr. Wojcik on 01/24/05 revealed the compression fracture at L1, spinal stenosis of the lumbar spine, and postoperative changes at L3 through L5. An MRI of the cervical spine interpreted by Dr. Black on 03/15/05 revealed degenerative changes with a disc extrusion at C3-C4. An MRI of the lumbar spine interpreted by Dr. Pelaez dated 05/13/05 revealed degenerative changes and disc herniations from L3 through L5. On 06/09/05, Dr. Burdin wrote a note requesting the cervical spine should be compensable. On 09/15/05, Dr. Lampert recommended continued medications and psychological counseling. An EMG/NCV study interpreted by Dr. Hirsch on 10/18/05 revealed L5 radiculopathy and lower extremity sensory neuropathy and he recommended spinal cord stimulation. On 03/13/06, Dr. Burdin continued to recommend off work status. On 06/02/06, Dr. Burdin agreed with the recommendation for spinal cord stimulation. On 06/30/06, Dr. Lampert recommended a repeat cervical MRI and psychological counseling. On 08/01/06 and 08/18/06, Dr. Burdin recommended a CT scan of the cervical spine. On 08/07/06 and 08/24/06, Intracorp wrote a letter of denial for the cervical CT scan.

Disputed Services:

Repeat CT scan with contrast of the cervical spine

Decision:

I disagree with the requestor. The repeat CT scan with contrast of the cervical spine is not reasonable or necessary.

Rationale/Basis for Decision:

The patient was the subject of two previous diagnostic evaluations of the cervical spines, first being a CT evaluation on 10/26/03 and secondly an MRI evaluation on 03/15/05. Based on the supplied documentation, the conditions of the patient do not appear to be progressive with regard to the cervical symptoms or any significant neurological changes, which would support the need for any further diagnostic studies of the cervical spine. Therefore, there was no need for

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repeat examination of the cervical spine with regard to cervical CT evaluation with or without contrast.

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 patient via facsimile or U.S. Postal Service this day of 10/25/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel