PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-07-0160-01
NAME OF REQUESTOR:	___
NAME OF PROVIDER:	Myron Glickfeld, D.O.
REVIEWED BY:	Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	11/15/06

Dear Ms. ___:

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 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 K. E. Schmidt, D.O. dated 03/08/05 and 03/10/05
Evaluations with Felipe Garcia, Jr., M.D. dated 03/14/05, 06/02/05, and 02/09/06
An MRI of the lumbar spine interpreted by James R. Prince, D.O. dated 03/15/05
A TWCC-73 form from Dr. Garcia dated 03/22/05
A procedure note from Abdul Itani, D.O. dated 05/20/05
Evaluations with Myron L. Glickfeld, D.O. dated 06/15/05, 07/27/05, 08/25/05, 08/29/05, 09/07/05, 09/22/05, 10/10/05, 11/02/05, 11/23/05, 12/14/05, 01/23/06, 03/08/06, 03/22/06, 03/29/06, 05/10/06, 05/18/06, 06/12/06, 06/29/06, 07/10/06, 07/17/06, and 07/26/06
A list of information from an unknown provider (no name or signature was available for review) for the dates of 06/15/05, 06/21/05, 06/27/05, 06/30/05, 07/05/05, 07/27/05, 08/15/05, 08/18/05, 08/16/05, 08/25/05, 08/29/05, 09/07/05, 09/13/05, 10/10/05, 11/23/05, 12/14/05, and 01/23/06
A letter of non-authorization from Lisa Jones, L.P.N. dated 06/16/05
A lumbar myelogram CT scan interpreted by Jonathon Kern, M.D. dated 07/20/05
A Required Medical Evaluation (RME) with Deepak V. Chavda, M.D. dated 07/25/05
A Functional Capacity Evaluation (FCE) with Dana L. Noble, M.S., P.T. dated 07/27/05
Preoperative chest x-rays interpreted by John Campbell, M.D. dated 08/11/05
Laboratory studies dated 08/11/05
Operative reports from Dr. Glickfeld dated 08/16/05 and 03/14/06
A pathology report interpreted by Robert W. Collison, M.D. dated 08/16/05
Physical therapy with LaShey Bigham, M.P.T. dated 10/03/05, 10/12/05, 10/13/05, 10/19/05, 10/26/05, 11/03/05, 11/07/05, 11/09/05, 05/11/06, 05/17/06, 05/18/06, 05/22/06, 05/24/06, 05/25/06, 05/30/06, 06/05/06, 06/07/06, 06/08/06, 06/26/06, 06/28/06, 06/29/06, 07/06/06, 07/10/06, 07/12/06, and 07/13/06
Physical therapy reevaluations with Ms. Bigham dated 11/10/05, 04/03/06, 05/15/06, 06/22/06, and 07/17/06
A lumbar myelogram CT scan interpreted by John Campbell, M.D. dated 11/16/05
An MRI of the lumbar spine interpreted by James G. Schroeder, M.D. dated 01/31/06
A physician advisor review from Peter Garcia, M.D. dated 02/24/06

X-rays of the chest interpreted by Dr. Kern dated 03/09/06
Designated Doctor Evaluations with Ronald Davis, D.O. dated 03/30/06 and 08/25/06
An MRI of the right hip interpreted by Joel H. Carp, M.D. dated 05/25/06
An MRI of the lumbar spine interpreted by Dr. Carp dated 06/21/06
A lumbar myelogram CT scan interpreted by Sam Hassibi, M.D. dated 07/19/06
A letter of adverse determination from Dr. Garcia dated 08/01/06
A letter of denial from Kenneth Rosenzweig, M.D. dated 08/09/06

Clinical History Summarized:

On 03/08/05, Dr. Schmidt provided a Toradol injection and prescribed physical therapy, Lodine, Flexeril, and Lortab. An MRI of the lumbar spine interpreted by Dr. Prince on 03/15/05 revealed central canal narrowing and facet hypertrophy at L3-L4 and a Schmorl's node at T11. On 05/20/05, Dr. Itani performed a lumbar epidural steroid injection (ESI). Dr. Glickfeld recommended a lumbar myelogram CT scan on 06/15/05. The myelogram CT scan interpreted by Dr. Kern on 07/20/05 revealed degenerative changes at L4-L5 and a disc protrusion at L5-transitional. An FCE performed with Ms. Noble dated 07/27/05 indicated the patient functioned in the sedentary level and physical therapy was recommended. On 08/16/05, Dr. Glickfeld performed a partial lumbar laminectomy at L4-L5 and L5-S1 with removal of the disc herniation at L4-L5. Physical therapy was performed with Ms. Bigham from 10/03/05 through 07/13/06 for a total of 25 sessions. A lumbar myelogram CT scan interpreted by Dr. Campbell dated 11/16/05 revealed mild bulging at L3-L4 and a mildly prominent anterior extradural space at L4-L5. On 01/23/06, Dr. Glickfeld recommended further lumbar surgery. An MRI of the lumbar spine interpreted by Dr. Schroeder dated 01/31/06 revealed upper lumbar degenerative disease with mild bulging at L4-L5. Dr. Peter Garcia wrote a letter of approval for the surgery on 02/24/06. On 03/14/06, Dr. Glickfeld performed further laminectomies at L3-L4 and L4-L5 with removal of the herniated disc at L3-L4. On 04/03/06, Dr. Davis felt the patient was not at Maximum Medical Improvement (MMI). On 05/10/06, Dr. Glickfeld recommended physical therapy and provided a Toradol injection and Lyrica samples. X-rays of the right hip interpreted by Dr. Glickfeld on 05/18/06 revealed degenerative disease and a possible recent fracture. An MRI of the right hip interpreted by Dr. Carp on 05/25/06 was normal. A lumbar MRI interpreted by Dr. Carp dated 06/21/06 revealed spinal stenosis with possible synovial cyst at L3-L4 and degenerative disease at L3-L4 and L4-L5. On 06/29/06, Dr. Glickfeld performed a Toradol injection and recommended a repeat myelogram. On 07/10/06, Dr. Glickfeld performed a Toradol injection. A lumbar myelogram CT scan interpreted by Dr. Hassibi dated 07/19/06 revealed the probable cyst at L3-L4 and the degenerative changes at L3-L4 and L4-L5. On 07/26/06, Dr. Glickfeld recommended another lumbar surgery. Dr. Pete Garcia wrote a letter of non-authorization for the surgery on 08/01/06. On 08/09/06, Dr. Rosenzweig denied the appeal

for the surgery. On 08/25/06, Dr. Davis felt the patient was not at MMI and recommended the surgery.

Disputed Services:

Lumbar laminectomy at L3-L4

Decision:

I disagree with the requestor. The lumbar laminectomy at L3-L4 is neither reasonable nor necessary.

Rationale/Basis for Decision:

The patient has undergone several prior surgeries, neither of which have alleviated her symptoms. She has continuing complaints of sensory deficits and numbness over the quadriceps. She has a CT myelogram that was performed on 07/19/06, interpreted by Dr. Hassibi, which showed significant facet arthropathy, ligamentum flavum, and a facet cyst, which has developed since the time of the last surgery and last evaluation. Therefore, surgery is neither reasonable nor necessary as the reason for surgery is unrelated to the compensable injury. The patient has developed an intercurrent facet cyst, which may or may not explain the patient's current symptoms, but is certainly the only compressive lesion available. Therefore, the current recommendation for surgery is neither reasonable nor necessary as there is no objective evidence of a compression lesion coming from the compensable injury.

Criteria for decision making includes standard recommendations for Rothman and Simeon, The Spine, Fifth Edition and ACOEM Guidelines, Chapter 12. Although the ACOEM Guidelines do not address a revision surgical situation, they do spell out fairly clearly the objective guidelines for decompressive surgery. Simeon and Rothman explain in some detail to perform surgery one must have objective findings and these are not present. Further, the findings are not related to the compensable injury.

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.

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 11/15/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel