



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-07-0184-01  
**NAME OF REQUESTOR:** \_\_\_\_\_  
**NAME OF PROVIDER:** James Morris, M.D.  
**REVIEWED BY:** Board Certified in Neurology  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 12/01/06

Dear Mr. \_\_\_\_:

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 Neurology 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

**M2-07-0184-01**

**Page Two**

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 James W. Morris, M.D. dated 11/02/05, 01/03/06, 02/07/06, 04/11/06, 06/14/06, and 09/26/06  
A CT scan of the head/brain interpreted by Alan B. Jean, M.D. dated 11/24/05  
Laboratory studies dated 11/24/05, 11/25/05, 12/07/05, 01/03/06, 01/10/06, 01/17/06, 02/16/06, 03/07/06, 03/27/06, and 09/26/06  
CT scans of the head/brain interpreted by Scott Campanini, M.D. dated 11/25/05 and 12/03/05  
Evaluations with Nancy L. Griffin, M.D. dated 11/25/05, 05/10/06, and 06/14/06  
Evaluations with Jeffrey D. DeCaprio, M.D. dated 11/25/05 and 01/13/06  
An evaluation with Michael J. Paolucci, M.D. dated 11/25/05  
A CT scan of the head interpreted by Douglas A. Trippe, M.D. dated 11/25/05  
Evaluations with various unknown providers (the signatures were illegible) dated 11/25/05, 11/26/05, 11/28/05, 11/29/05, 11/30/05, 12/01/05, 12/02/05, 12/03/05, 12/04/05, and 12/05/05  
An MRI of the brain interpreted by Dr. Campanini dated 11/26/05  
CT scans of the head, neck, and intracranial circulation interpreted by Dr. Campanini dated 11/26/05 and 11/27/05  
Video esophagrams interpreted by Jack L. Royal, M.D. dated 11/28/05 and 12/01/05  
A drug list from the unknown provider dated 11/29/05  
A CT scan of the head/brain interpreted by James L. Jean, M.D. dated 11/29/05  
An operative report from Dr. Paolucci dated 12/02/05  
An evaluation with John E. Hueter, Jr., M.D. dated 12/07/05  
Letters written by Dr. Griffin dated 12/19/05 and 05/14/06  
An evaluation with Jean Thomas, M.D. dated 01/19/06  
A procedure note from Dr. Paolucci dated 02/01/06  
Physician's orders from Dr. Morris dated 02/20/06, 07/19/06, and 08/11/06  
An evaluation with W. Robert Hudgins, M.D. dated 03/07/06  
Evaluations with Marcie Matthews, O.T.R. dated 05/11/06, 06/23/06, and 07/26/06  
Therapy with Ms. Schelkopf and Ms. Matthews dated 05/11/06, 06/26/06, 06/29/06, 06/30/06, 07/03/06, 07/06/06, 07/07/06, 07/11/06, 07/13/06, 07/14/06, 07/17/06, 07/19/06, 07/20/06, 7/24/06, 07/26/06, 07/28/06, 08/01/06, 08/02/06, 08/04/06, 08/07/06, 08/09/06, 08/11/06,

**M2-07-0184-01**

**Page Three**

08/14/06, 08/16/06, 08/18/06, 08/21/06, 08/23/06, 08/25/06, 08/28/06, 08/30/06, 09/01/06, 09/06/06, and 09/08/06

CT head and neck angiograms interpreted by Dr. Jean dated 05/12/06

Occupational therapy with the unknown therapist dated 05/16/06

A Functional Assessment Form from Dr. Morris dated 06/05/06

A letter from Dr. Griffin dated 06/14/06

A physical therapy evaluation with Christie Schelkopf, P.T. dated 06/23/06

A letter from Edward Faulkner, C.P., L.P.O. dated 07/20/06

A discharge summary from Ms. Schelkopf, Ms. Matthews, and Dr. Griffin dated 07/26/06

A progress note from Ms. Matthews dated 08/11/06

A letter of denial from Michelle Davis, R.N. at Sedgwick dated 08/15/06

A discharge summary from Ms. Matthews dated 09/08/06

A letter of denial from Janice Tyler, R.N. at Sedgwick dated 09/14/06

**Clinical History Summarized:**

A CT scan of the head interpreted by Dr. Jean on 11/24/05 was normal. A CT scan of the head/brain interpreted by Dr. Campanini dated 11/25/05 revealed ischemic infarcts in the right and left occiput. A CTA of the neck and intracranial circulation interpreted by Dr. Campanini on 11/25/05 revealed filling of only a short portion of the mid to distal right vertebral possibly related to dissection. A CT scan of the head interpreted by Dr. Trippe dated 11/25/05 revealed acute ischemic infarction in the right occipital lobe and possible acute ischemic insult to the left occipital lobe. An MRI of the brain interpreted by Dr. Campanini dated 11/26/05 revealed bilateral occipital lobe infarcts with some petechial hemorrhage on the left. A CT scan of the brain, CTA of the neck, and CTA of the intracranial circulation interpreted by Dr. Campanini on 11/26/05 and 11/27/05 revealed the same bilateral occipital lobe infarcts. A video esophagram was performed with Dr. Royal on 11/28/05. A head CT scan interpreted by Dr. Jean on 11/29/05 revealed stable occipital lobe infarcts. On 12/02/05, Dr. Paolucci performed an esophagogastroduodenoscopy with gastrostomy tube placement. A CT scan of the brain interpreted by Dr. Campanini on 12/03/05 was essentially unchanged. On 12/19/05, Dr. Griffin indicated the patient was completely disabled. On 01/13/06, Dr. DeCaprio recommended continued Coumadin. Dr. Thomas also recommended continued Coumadin on 01/19/06. On 02/01/06, Dr. Paolucci performed a PEG tube removal. On 03/07/06, Dr. Hudgins felt the vertebral artery occlusion and stroke were a natural disease of life and were not caused by the injury. On 05/10/06, Dr. Griffin recommended a CT angiogram of the neck and intracranial areas and continued Coumadin. Therapy was performed with Ms. Matthews and Ms. Schelkopf from 05/11/06 through 09/08/06 for a total of 33 sessions. A CT angiogram of the head and neck interpreted by Dr. Jean on 05/12/06 revealed the occluded right vertebral artery. On 05/14/06, Dr. Griffin stated she felt the patient's condition was work related. On 06/14/06, Dr. Griffin

**M2-07-0184-01**

**Page Four**

recommended discontinuation of the Coumadin, starting Aspirin 81 mg., physical therapy for the shoulder, and an orthopedic evaluation. On 07/20/06, Mr. Faulkner provided the patient with a Carbon Fiber AFO device. On 08/15/06, Ms. Davis wrote a letter of denial for a Botox injection, destroying of the nerve in the neck, and a muscle test in one limb. On 09/14/06, Ms. Tyler also wrote a letter of denial for the Botox injections.

**Disputed Services:**

Botulinum Toxin A/100 U (0585), destruction of the nerve (64613), and a muscle test (95860)

**Decision:**

I disagree with the requestor. The Botulinum Toxin A/100 U (0585), destruction of the nerve (64613), and a muscle test (95860) would not be reasonable or necessary.

**Rationale/Basis for Decision:**

Review of the records indicated the patient sustained a bilateral occipital stroke from a vertebral artery dissection as related to his injury occurring on \_\_\_\_.

The FDA indications of Botox injections of are for frown lines, strabismus, eye spasms, torticollis, cerebral palsy, spasticity from strokes, and hyperhidrosis. Botox is not indicated for the use of shoulder pain.

Therefore, it is my opinion that Botox injections given for pain and shoulder discomfort alone would not be medically necessary or indicated as related to the injury occurring on \_\_\_\_.

References include *ODG Treatment Guidelines* and the website [botoxfacts.ca](http://botoxfacts.ca).

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.

**M2-07-0184-01**

**Page Five**

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 12/01/06 from the office of Professional Associates.

Sincerely,

---

Amanda Grimes  
Secretary/General Counsel