



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0223-01
NAME OF REQUESTOR: Daniel Shalev, M.D.
NAME OF PROVIDER: Daniel Shalev, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 11/15/06

Dear Dr Shalev:

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

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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:

A cervical myelogram CT scan interpreted by Kendall Jones, M.D. dated 04/06/99
Evaluations with Daniel Shalev, M.D. dated 09/24/04, 10/26/04, 02/17/05, 08/11/05, 01/31/06, 02/15/06, 02/22/06, 03/01/06, 03/10/06, 04/06/06, 04/20/06, 05/18/06, 06/20/06, 07/26/06, and 09/01/06

A procedure note from Dr. Shalev dated 06/29/06

A preauthorization request from Dr. Shalev dated 09/06/06

Letters of denial from Corvel dated 09/11/06, 09/19/06, and 10/20/06

A letter from Dr. Shalev dated 09/20/06

Clinical History Summarized:

A cervical myelogram CT scan interpreted by Dr. Jones dated 04/06/99 revealed a previous fusion at C3-C4 and C6-C7 and a possible disc protrusion or herniation at C5-C6 that produced moderate cord compression. On 10/26/04, Dr. Shalev recommended continued antibiotics for the infected spinal cord stimulator. On 02/17/05, Dr. Shalev recommended continued antibiotic treatment, a rheumatological evaluation, possible aspiration of the knee, and anti-inflammatories. On 01/31/06, Dr. Shalev recommended cervical x-rays, trigger point injections, and cervical facet nerve blocks and facet steroid injections. Dr. Shalev performed trigger point injections on 02/15/06, 02/22/06, 03/01/06, 03/10/06, 06/20/06, 06/29/06, and 07/26/06. On 04/06/06, Dr. Shalev recommended Botox injections and also prescribed Robaxin, Lyrica, and Hydrocodone. Dr. Shalev performed a Botox injection on 04/20/06. On 05/18/06, Dr. Shalev recommended further trigger point injections. On 09/01/06, Dr. Shalev recommended cervical medial branch zygapophyseal facet nerve blocks and facet steroid injections. On 09/11/06 and 09/19/06, Corvel wrote letters of denial for the cervical facet injections. On 09/20/06, Dr. Shalev wrote a letter requesting a Medical Dispute Resolution (MDR) for the injections. On 10/20/06, Corvel wrote another letter of denial for the cervical facet injections.

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Disputed Services:

Cervical facet injections bilaterally at C2-C7

Decision:

I disagree with the requestor. The cervical facet injections bilaterally at C2-C7 are neither reasonable nor necessary.

Rationale/Basis for Decision:

A series of facet injections into the cervical spine at C2-C7 would be neither reasonable nor necessary. The patient has undergone cervical spinal fusion in the past. It is unlikely on a physiologic basis that the facets would be a source of pain. This patient has chronic pain and in my opinion, further injections are neither reasonable nor necessary.

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

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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