



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0315-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Kevin McAlpin, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
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 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 Kevin McAlpin, D.C. dated 04/04/06, 06/29/06, 08/22/06, and 09/26/06

DWC-73 forms from Dr. McAlpin dated 04/04/06 and 10/03/06

Chiropractic therapy with Dr. McAlpin dated 04/04/06, 04/06/06, 04/07/06, 04/10/06, 04/13/06, 04/14/06, 04/18/06, 04/21/06, 04/24/06, 04/28/06, 04/29/06, 05/02/06, 05/04/06, 05/09/06, and 05/11/06

Letters of preauthorization requests from Dr. McAlpin dated 04/05/06 and 04/11/06

An MRI of the lumbar spine interpreted by Kirby B. Delozier, M.D. dated 04/24/06

Evaluations with Bolkar Sahinler, M.D. dated 05/02/06, 05/16/06, 05/31/06, 06/29/06, and 10/16/06

A letter written by Dr. Sahinler dated 05/12/06

A physical therapy evaluation with an unknown therapist (the signature was illegible) dated 06/13/06

A Notice of Disputed Issue(s) and Refusal To Pay Benefits form dated 07/14/06

A Required Medical Evaluation (RME) with Dmitry Golovko, M.D. dated 08/01/06

EMG/NCV studies interpreted by Cheryl F. Weber, M.D. dated 08/23/06 and 09/13/06

A letter of preauthorization request from Dr. McAlpin dated 09/26/06

A Notice of Intent to Issue an Adverse Determination letter from CompKey Forte dated 09/29/06

Letters of non-authorization from CompKey Forte dated 10/02/06 and 10/05/06

A request for reconsideration letter from Dr. McAlpin dated 10/03/06

Clinical History Summarized:

On 04/04/06, Dr. McAlpin recommended physical therapy three times a week for four weeks and continued regular work duty. Chiropractic therapy was performed with Dr. McAlpin from 04/04/06 through 05/11/06 for a total of 15 sessions. An MRI of the lumbar spine interpreted by Dr. Delozier on 04/24/06 revealed some disc bulges at L3 through S1. On 05/02/06, Dr. Sahinler recommended Ultracet and a lumbar epidural steroid injection (ESI). On 05/16/06, Dr. Sahinler performed an ESI. On 05/31/06, Dr. Sahinler recommended physical therapy. On 06/13/06, the

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unknown therapist requested treatment three times a week for three weeks. On 06/29/06, Dr. McAlpin recommended radiofrequency thermocoagulation. On 06/29/06, Dr. Sahinler again requested physical therapy. On 07/14/06, the Notice of Disputed Issues disputed the degenerative changes in the back. On 08/01/06, Dr. Golovko recommended six sessions of rehabilitation, continued medications, and continued regular work duty. EMG/NCV studies of the back and lower extremities interpreted by Dr. Weber on 08/23/06 and 09/13/06 revealed possible pressure upon the right L5 or S1 nerve root and she recommended a series of ESIs. On 09/26/06 and 10/03/06, Dr. McAlpin wrote preauthorization requests for six sessions of physical therapy. On 10/02/06 and 10/05/06, CompKey wrote a letter of non-authorization for the physical therapy. On 10/16/06, Dr. Sahinler recommended an MRI of the lumbar spine.

Disputed Services:

Outpatient physical therapy three times a week for two weeks for the low back consisting of therapeutic exercises, heat, ultrasound, massage, and electrical stimulation

Decision:

I disagree with the requestor. The outpatient physical therapy three times a week for two weeks for the low back consisting of therapeutic exercises, heat, ultrasound, massage, and electrical stimulation would not be reasonable or necessary.

Rationale/Basis for Decision:

Based upon review of the records and the observations, it is my opinion the documentation does not support that the requested services of physical therapy to include therapeutic exercises, heat, ultrasound, massage, and electrical stimulation are reasonable and medically necessary as it relates to the injury on _____. The records clearly indicate the patient incurred a soft tissue injury to the lumbar spine and underwent approximately 16 visits with the treating chiropractor, which consisted of both passive and active physical medicine modalities and procedures. The continuation of physical therapy modalities and procedures exceeds recommended guidelines as noted by the Official Disability Guidelines (ODG), Chapter Low Back-Lumbar and Thoracic, which indicates that there should be a fading of treatment frequency (from up to three or four visit per week to one or less) plus an active self directed home physical therapy program. Recommendations for sprains and strains of the back are for 10 visits over five weeks, for lumbago nine visits over eight weeks, and for vertebral disc disorders 10 visits over eight weeks. For the diagnosis of a spinal stenosis, the recommendation is 10 visits over eight weeks and for sciatica 10 to 12 visits over eight weeks. The requested services clearly exceed recommended

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guidelines based upon the documentation provided. In addition, the records clearly indicate the patient has continued to work throughout the entire course of his injury full duty without any restrictions whatsoever. There is no significant clinical functional data to support the medical necessity of the requested services of both passive and/or active physical therapy eleven months post soft tissue injury for the low back.

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

Sincerely,

Amanda Grimes
Secretary/General Counsel