

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
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DALLAS, TEXAS 75231
(214) 750-6110
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November 29, 2006

Re: Medical Dispute Resolution
MDR# M2-07-0394-01
DWC# _____
Injured Employee: _____
DOI: _____
SS#: _____
IRO Certificate #: IRO5313
Name of Requestor: San Antonio Spine & Rehab
Name of Provider: San Antonio Spine & Rehab
Reviewed by: Board Certified in Orthopedic Surgery

TRANSMITTED VIA FAX TO:

Medical Dispute Resolution
TDI-Division of Workers' Compensation
FAX: 512-804-4868

Dear San Antonio Spine & Rehab:

In accordance with the requirements for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Southwest Medical Examination Services, Inc. (SMES) for an independent review. In performing this review, SMES reviewed relevant medical records, any documents provided by the parties referenced above, and documentation and written information submitted in support of the dispute.

I am an officer of Southwest Medical Examination Services, Inc. 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 and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in the area of orthopedic surgery, and is currently listed on the DWC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Medical records from the Requestor/Treating Doctor include:

- Texas Water Conservative Association, 09/06/06, 09/06/06, 09/26/06
- Stephen E. Earle, M.D., 02/21/06, 03/21/06, 08/22/06, 09/19/06
- San Antonio Spine And Rehab, 03/24/06, 04/05/06, 04/10/06, 04/12/06, 04/18/06, 04/20/06, 04/26/06, 05/01/06, 05/08/06, 05/16/06, 06/05/06, 06/08/06, 08/31/06, 09/06/06, 09/19/06, 11/02/06

Medical records from the Respondent include:

- Employer's First Report of Injury or Illness, 07/25/05
- Concentra Managed Care, 07/25/05
- Concentra Medical Centers, 07/29/05, 08/01/05
- Alamo Healthcare System, 08/01/05, 08/02/05, 08/03/05, 08/08/05, 08/09/05, 08/12/05, 08/18/05, 08/17/05, 08/19/05, 08/22/05, 08/24/05, 08/26/05, 08/29/05, 08/31/05, 09/06/05, 09/07/05, 09/09/05,
- Conductive Garment Prescription, 08/09/05
- Thimios D. Partalas, D.C., 09/14/05
- Spiro Ioannidis, D.C., 09/19/05
- Stephen E. Earle, M.D., 10/25/05, 10/27/05, 11/01/05, 01/17/06, 02/21/06, 03/03/06, 03/21/06, 04/18/06, 04/19/06, 05/16/06, 06/13/06, 09/19/06, 10/17/06, 11/02/06
- South Texas Regional Medical Center, 10/30/05
- Charles Kennedy, 11/09/05
- Interventional Pain Management Physicians, P.A., 11/10/05
- San Antonio Spine And Rehab, 12/16/05, 03/24/06, 04/03/06, 04/05/06, 04/07/06, 04/10/06, 04/12/06, 04/13/06, 04/18/06, 04/20/06, 04/24/06, 04/26/06, 05/01/06, 05/08/06, 05/16/06, 05/31/06, 06/02/06, 06/05/06, 06/07/06, 06/08/06, 06/13/06, 06/08/06, 06/13/06, 07/11/06, 07/31/06, 08/22/06, 09/06/06
- The Spine Hospital of South Texas, 01/03/06
- Sendero Imaging and Treatment Center, 01/14/06
- Northeast Methodist Hospital, 02/10/06, 03/02/06
- Neuromuscular Diagnostic Associates, 09/01/06
- Pre-Authorization Request for JI Specialty Services, 09/06/06
- Physical Evaluation & Impairment Center, 09/06/06

Clinical History:

The medical records indicated that a lumbar injury occurred while the patient was lifting back ramps off of a trailer. He initially presented for treatment at Concentra Medical Centers and was diagnosed with a lumbar strain. Physical therapy was initially prescribed. There are complaints of pain in the lower back radiating into the right thigh.

The patient then began treatment with Stephen Earle, M.D. MRI of the lumbar spine was performed. It disclosed herniated discs at L3-4, L4-5, and L5-S1. Date of MRI is October 28, 2005.

Lumbar discography was subsequently performed on January 13, 2006, by Dr. Dar.

CT scan performed on January 13, 2006, was consistent with Grade IV disc pathology at L3-4, L4-5, and L5-S1, with severe spinal stenosis at L3-4, and moderate spinal stenosis at L4-5.

Lumbar laminectomy was performed at L2, L3, L4, and a microdiscectomy was performed at L3-4 with reduction of subluxation, anterior instrumentation, and segmental fixation at L3-4.

Following the surgery, the patient underwent physical therapy. His subjective complaints worsened following the surgery.

By August 22, 2006, the patient returned to Dr. Earle 6½ months post-operatively. Dr. Earle was recommending further surgery. He recommended removal of symptomatic hardware in the back, but this was denied by the carrier after peer review. Further physical therapy was ordered on August 22, 2006.

A letter from Dr. Eaves from San Antonio Spine and Rehab, dated September 6, 2006, indicated that it was his opinion that 34 physical therapy sessions were indicated following the surgery.

The patient was seen by Charles Kennedy, M.D., for a required medical examination. Dr. Kennedy opined that care had been completely inappropriate including chiropractic care, discography, trigger point injections, epidural steroids, and surgery. He opined that no further surgery was indicated.

By September 19, 2006, the patient returned to Dr. Earle. He recommended further conservative treatment including exercises, physical therapy, and stretching. He was kept off work.

The final entry into the medical record is a letter from Jason Eaves, D.C., dated November 2, 2006, regarding the necessity of physical therapy.

Disputed Services:

12 sessions of aquatic therapy (97113)(G0283)(97140)

Decision:

It is my opinion that twelve sessions of aquatic therapy is not reasonable or necessary. Therefore, I disagree with the proposed treatment.

Rationale:

The medical records and the medical literature do not support the medical necessity of aquatic therapy nine months post-operatively. The proposed treatment is not likely to result in any substantial benefit to the patient. Treatment in this case in terms of post-operative physical therapy has been exhaustive, and I see no indication for the medical necessity of aquatic therapy. It is my opinion that the patient should have been transitioned to a home exercise program by this point, and that aquatic therapy will not result in any material improvement in his condition.

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 Southwest Medical Examination Services, Inc. is deemed to be a Commission decision and order.

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YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with this decision, you may seek judicial review of the decision. (Texas Labor Code, 413.031k) To seek such an appeal, a petition for judicial review must be filed with the Travis County District Clerk's Office in Austin, Texas not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. (Subchapter G, Chapter 2001, of the Texas Government Code) Neither the Department of Insurance nor the Division of Workers' Compensation is considered a party to the medical dispute in a judicial review. You may wish to consult with an attorney of your choice to assist you in filing an appeal. The Division of Workers' Compensation cannot assist or provide legal advice to you in this matter."

In accordance with Commission Rule 102.4(b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 7th day of December 2006.

Sincerely,

Thomas P. Anderson
Southwest Medical Examination Services, Inc.