PROFESSIONAL
ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-0597-01
NAME OF REQUESTOR:	___
NAME OF PROVIDER:	Robert LeGrand, Jr., M.D.
REVIEWED BY:	Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	02/09/06

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. 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 Rico J. Forland, D.C. dated 03/12/05, 03/27/05, and 03/28/05
X-rays of the right knee, right hip, and lumbar spine interpreted by Victor B. Schulze, M.D. dated 03/14/05
An MRI of the lumbar spine interpreted by John E. Alexander, M.D. dated 10/04/05
A Designated Doctor Evaluation with David Wehmeyer, M.D. dated 10/17/05
An evaluation with Gregory Johnson, M.D. dated 10/20/05
An EMG/NCV study interpreted by Russell S. Dickerson, M.D. dated 11/04/05
Evaluations with Robert H. LeGrand, Jr., M.D. dated 11/07/05, 11/28/05, 12/12/05, and 01/12/06
A letter written by Dr. Wehmeyer dated 11/10/05
A CT scan of the lumbar spine interpreted by Michael G. Sickels, M.D. dated 11/22/05
A lumbar myelogram interpreted by Dr. LeGrand dated 11/22/05
Letters of non-authorization from JoAnne Harrison, Nurse and Sandra Keith, L.V.N. at Texas Mutual Insurance dated 12/06/05 and 12/21/05
A letter of request for a Medical Dispute Resolution (MDR) from LaTreace E. Giles, R.N. at Texas Mutual Insurance dated 02/04/06

Clinical History Summarized:

X-rays of the right knee, right hip, and lumbar spine interpreted by Dr. Schulze on 03/14/05 revealed degenerative findings in all three areas. An MRI of the lumbar spine interpreted by Dr. Alexander on 10/04/05 revealed neural foraminal compromise at L4-L5 and L5-S1 bilaterally and minimal annular bulging at L3-L4 and L5-S1. On 10/17/05, Dr. Wehmeyer felt the claimant was not at Maximum Medical Improvement (MMI) and he recommended an orthopedic and a neurological evaluation. On 10/20/05, Dr. Johnson recommended physical therapy. An EMG/NCV study interpreted by Dr. Dickerson on 11/04/05 revealed mixed sensory/motor polyneuropathy (could not completely exclude the possibility of left tarsal tunnel syndrome) and right lower lumbar radiculopathy. On 11/07/05, Dr. LeGrand recommended a lumbar myelogram CT scan. A CT scan interpreted by Dr. Sickels on 11/22/05 revealed multilevel

lumbar spondylitic changes. The lumbar myelogram was also performed by Dr. LeGrand on 11/22/05. On 11/28/05, Dr. LeGrand recommended lumbar surgery. On 12/12/05, Dr. LeGrand provided the claimant with Hydrocodone. Letters from Ms. Harrison and Ms. Keith at Texas Mutual noted that surgery was denied on 12/06/05 and 12/21/05. On 01/12/06, Dr. LeGrand continued to recommend surgery. On 02/04/06, Ms. Giles, from Texas Mutual Insurance, provided a letter upholding the denial for surgery.

Disputed Services:

Lumbar disc replacement, lumbar laminectomy with fusion and instrumentation at L4-S1 with an internal bone fusion stimulator, purchase of a TLSO back brace, and a one day inpatient stay

Decision:

I disagree with the requestor. The lumbar disc replacement, lumbar laminectomy with fusion and instrumentation at L4-S1 with an internal bone fusion stimulator, purchase of a TLSO back brace, and a one day inpatient stay would be neither reasonable nor necessary.

Rationale/Basis for Decision:

The medical documentation did not support performance of a lumbar fusion, either posterolateral or interbody. He has been noted to have severe degenerative changes throughout his lumbar spine. There was annular bulging at multiple levels. There was neural foraminal compromise at L4-L5 and L5-S1, most pronounced at L5-S1. The claimant's complaints at this time have been primarily radicular in nature. Other physicians in the records reviewed noted that the claimant would possibly be a good decompression candidate, but he would not be a good fusion candidate based on the records. Based on my review of the diagnostics, I do not believe the surgery as proposed would be reasonable or necessary.

The criteria used included professional judgment and my knowledge of the contents of the textbook, Spine, Rothman & Simeone.

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 claimant via facsimile or U.S. Postal Service this day of 02/09/06 from the office of Professional Associates.

Sincerely,

_____
Lisa Christian
Secretary/General Counsel