



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0964-01
NAME OF REQUESTOR: Patrick Davis, D.C.
NAME OF PROVIDER: Patrick Davis, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 04/27/06

Dear Dr. Davis:

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:

An MRI of the lumbar spine interpreted by Ellis F. Robertson, M.D. dated 08/20/04

An EMG/NCV study interpreted by Felipe Garcia, Jr., M.D. dated 09/21/04

Evaluations with Abdul Itani, D.O. dated 01/18/05, 07/08/05, 07/22/05, 08/16/05, 09/13/05, 10/18/05, 11/18/05, 12/02/05, and 12/27/05

A medical records review from Casey Cochran, D.O. dated 02/07/05

A Required Medical Evaluation (RME) with Deepak V. Chavda, M.D. dated 05/09/05

A Functional Capacity Evaluation (FCE) with Dana L. Noble, M.S.P.T. and Charlotte Youree, P.T.A. dated 05/11/05

Evaluations with John T. Dang, M.D. dated 06/16/05, 06/20/05, 07/12/05, 07/14/05, 07/26/05, 08/02/05, 08/10/05, 08/12/05, 09/12/05, 09/13/05, 09/15/05, 09/26/05, 09/28/05, 10/06/05, 10/20/05, 10/24/05, 10/30/05, 11/14/05, 11/15/05, 11/28/05, and 12/23/05

An operative report from Dr. Itani dated 06/24/05

Evaluations with Robert Metzger, M.S., R.N. for Shawn M. Henry, D.O. dated 06/30/05, 08/15/05, 09/15/05, and 10/06/05

An evaluation with Karen M. Perl, D.O. dated 07/06/05

An evaluation with Patrick R.E. Davis, D.C. and Dr. Brian Feragotti (no credentials were listed) on 01/30/06

A letter recommending preauthorization from Dr. Davis dated 02/10/06

Letters of denial from TASB dated 02/15/06 and 02/22/06

A letter of appeal from Dr. Davis on 02/15/06

A Designated Doctor Evaluation with Pedro Ochoa, M.D. dated 03/16/06

Clinical History Summarized:

An MRI of the lumbar spine interpreted by Dr. Robertson on 08/20/04 revealed moderate disc dehydration at L4-L5 and mild disc dehydration at L5-S1 with minimal disc bulging at L4-L5 and a small protrusion at T11-T12. An EMG/NCV study interpreted by Dr. Garcia on 09/21/04 revealed left L5 nerve root irritation. On 01/18/05, Dr. Itani recommended epidural steroid

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injections (ESIs) and SI joint blocks. An RME with Dr. Chavda on 05/09/05 determined the patient could return to work with restrictions and further treatment should only include over-the-counter non-steroidal anti-inflammatories. An FCE with Ms. Noble and Ms. Youree on 05/11/05 determined the patient was functioning in the light physical demand level. On 06/24/05, Dr. Itani performed a left psoas compartment and left piriformis compartment block. Dr. Perl also recommended a lumbar discogram on 07/06/05. A possible spinal column stimulator trial was discussed with Dr. Itani on 07/08/05. An appeal for the discogram was provided by Mr. Metzger on 08/15/05 and 09/15/05. On 10/18/05, Dr. Itani recommended a psychological evaluation and spinal column stimulator. An MRI of the lumbar spine was recommended by Dr. Itani on 11/18/05. On 01/30/06, Dr. Davis recommended physical therapy three times a week for six weeks. The request for therapy was denied by TASB on 02/15/06 and 02/22/06. Dr. Ochoa placed the patient at Maximum Medical Improvement (MMI) on 03/16/06 with a 5% whole person impairment rating.

Disputed Services:

Physical therapy CPT codes 97110, 97530, 97140, 97112, and 97035

Decision:

I partially agree with the requestor. Ten sessions of physical therapy of the CPT codes 97110, 97530, 97140, 97112, and 97035 would be reasonable and necessary. However, 18 visits of the above listed CPT codes would not be reasonable or necessary.

Rationale/Basis for Decision:

The ODGPT Guidelines recommend up to 10 sessions of physical therapy to teach a self directed home program for the nature of this injury. Based upon the supplied documentation, it does not appear the patient has had the benefit of much treatment. Therefore, I would recommend 10 sessions of physical therapy as opposed to 18 directed at training the patient for a self directed home program. The 10 visits should occur over a four week period and consecutive day treatment would not be reasonable or necessary. The patient should do just as well with a self directed home exercise program. This opinion has been supported by the current medical literature. There was not strong evidence for the effectiveness of supervised training as compared to home exercises. Based upon an article in Spine 2003, the ACOEM Guidelines, and recent articles support the use of home exercise programs. Several recent articles support the use of home exercise programs as effective therapy, mainly Daskapan 2005, Ashworth 2005. Ashworth concluded that a home based program appear to be superior to center based programs

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in terms of adherence to exercises, especially in the long term. Therefore, as previously mentions, this was a denial for 18 visits as requested, but approval for 10 visits directed at educating the patient for a home based program.

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 04/27/06 from the office of Professional Associates.

Sincerely,

Amanda Grimes
Secretary/General Counsel