PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-0972-01
NAME OF REQUESTOR:	___
NAME OF PROVIDER:	Gary Heath, M.D.
REVIEWED BY:	Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	04/27/06

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 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 Luther Martin, D.O. dated 10/30/02, 09/02/03, 05/24/04, and 02/09/05
A Functional Capacity Evaluation (FCE) with M. Chavarreal, P.T. dated 10/30/03
X-rays of the left foot interpreted by Timothy Lillick, M.D. dated 11/13/03
Evaluations with Donald M. Mauldin, M.D. dated 03/25/04 and 07/28/04
Evaluations with Gary L. Heath, M.D. dated 07/26/04 and 11/15/05
A letter written by John H. Judd, Jr., M.D. dated 09/10/04
A letter of medical necessity from Dr. Heath dated 10/01/04
An impairment rating evaluation with Edward J. Brandecker, M.D. dated 12/03/04
Medical records reviews from Jack Kern, M.D. dated 01/17/05 and 11/10/05
Letters of appeal from Dr. Brandecker dated 04/29/05 and 05/12/05
Evaluations by Shona S. Preston, M.S.N., R.N. for Dr. Heath dated 05/05/05, 08/24/05, 09/20/05, and 02/23/06
A neuropsychological evaluation with Samuel D. Brinkman, Ph.D. dated 06/23/05
Letters from Sedgwick CMS dated 07/26/05, 08/09/05, 09/07/05, 01/09/06, and 02/22/06
Procedure reports from Dr. Heath dated 08/10/05 and 09/12/05
Evaluations with Lynne Sears, M.S.N., R.N. for Dr. Heath dated 10/26/05 and 11/09/05
A preauthorization request from Dr. Heath dated 10/27/05
Evaluations with Debbie Hagelstein, C.F.N.P. dated 12/19/05 and 01/03/06
A Medical Dispute letter from W. Jon Grove at Downs and Stanford, P.C. Attorneys and Counselors dated 03/24/06

Clinical History Summarized:

On 10/30/02, Dr. Martin cleared the claimant for surgery. An FCE with Ms. Chavarreal on 10/30/03 determined the claimant could function in the light to medium physical demand level. X-rays of the left foot interpreted by Dr. Lillick on 11/13/03 revealed questionable irregularity at the base of the proximal phalanx of the fifth toe. On 03/25/04, Dr. Mauldin recommended increasing activity and continue limited work duty. On 07/26/04, Dr. Heath recommended

Hydrocodone, Topamax, and a nerve injection. On 12/03/04, Dr. Brandecker placed the claimant at Maximum Medical Improvement (MMI) with a 2% whole person impairment rating. On 01/17/05, Dr. Kern recommended no further treatment other than an anti-inflammatory medication, an orthotic, and possible surgery. On 06/23/05, Dr. Brinkman felt the claimant was a good candidate for a dorsal column stimulator. On 07/26/05, Sedgwick wrote a letter of denial for the dorsal column stimulator trial. On 08/09/05, Sedgwick wrote a letter of approval for radiofrequency of the first and second toes. Dr. Heath performed pulse radiofrequency nerve ablation of the first and second toes on 08/10/05 and 09/12/05. On 09/20/05, Ms. Preston prescribed Neurontin. Ms. Sears recommended the dorsal column stimulator trial on 10/26/05. On 11/10/05, Dr. Kern recommended an anti-inflammatory, orthotic insertions, and surgery. He questioned the use of radiofrequency ablation. Ms. Hagelstein recommended a trial dorsal column stimulator on 12/19/05 and 01/03/06. On 01/09/06 and 02/22/06, Sedgwick wrote letters of denial for the dorsal column stimulator trial. Ms. Preston prescribed Lyrica on 02/23/06. Mr. Grove wrote a letter on 03/24/06 stating why the dorsal column stimulator trial was denied.

Disputed Services:

Implant electrodes (63650)

Decision:

I disagree with the requestor. The implant electrodes would be neither reasonable nor necessary.

Rationale/Basis for Decision:

There was no evidence that this individual had a nerve injury. He has chronic pain from his failed surgery. There was no evidence suggested that he had a neuropathy or central pain source that could be controlled by a dorsal column stimulator. There was no evidence that this claimant had causalgia or a complex regional pain syndrome. There was no justification for an implanted spinal cord stimulator. Criteria used included the ACOEM Guidelines, which do not cover chronic pain. Other guidelines include the ISIS Guidelines, which cover spinal injections.

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

Sincerely,

_____
Amanda Grimes
Secretary/General Counsel