



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1809-01
NAME OF REQUESTOR: Daniel Shalev, M.D.
NAME OF PROVIDER: Daniel Shalev, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 09/08/06

Dear Dr. Shalev:

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

M2-06-1809-01

Page Two

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:

A letter of medical necessity from I. Zasterova, M.D. dated 03/07/97

Evaluations with Dr. Zasterova dated 04/07/97 and 07/23/97

An MRI of the lumbar spine interpreted by Joel H. Carp, M.D. dated 04/02/97

An evaluation with Dubose White Murray, M.D. dated 04/16/97

An evaluation with Huntly G. Chapman, M.D. dated 10/31/97

Evaluations with Kevin Gill, M.D. dated 12/24/97, 09/30/98, and 12/02/98

A letter written by James C. Sterling, M.D. for Dr. Gill dated 05/13/98

An evaluation with Dr. Sterling dated 05/15/98

A psychiatric evaluation with Tommy Overman, Ed.D. dated 06/16/98

An operative report from Dr. Gill dated 08/20/98

A nurse's note from Carolyn Jones, R.N. dated 08/21/98

A statement of medical necessity from an unknown provider (the signature was illegible) dated 08/24/98

Progress notes from Mr. Overman dated 08/27/98, 09/02/98, 10/07/98, 09/08/98, 10/22/98, 12/04/98, and 12/08/98

A home care note from an unknown provider (the signature was illegible) dated 09/08/98

A psychiatric evaluation with Joel A. Holiner, M.D. dated 12/07/98

Evaluations with John C. Milani, M.D. dated 01/13/99, 02/09/99, 03/31/99, 06/23/99, 08/06/99, 10/01/99, 11/05/99, 01/05/00, 02/15/00, 04/05/00, 05/26/00, 08/08/00, 09/15/00, 01/05/01, 02/23/01, 07/27/01, 09/25/01, 01/29/02, 02/27/02, 07/16/02, 12/10/02, 06/24/03, and 01/02/04

Medical conference progress notes with Mr. Overman dated 02/17/99 and 03/03/99

A discharge note from Mr. Overman dated 03/12/99

A discharge note from Dr. Milani dated 03/12/99

An addendum letter from Dr. Milani dated 03/16/99

An evaluation with Liora Peiser, Ph.D., L.P.C. dated 05/18/99

An evaluation with Mohammad Khalid, M.D. dated 09/30/99

An EMG/NCV study interpreted by Dr. Khalid dated 10/12/99

A lumbar CT scan interpreted by David P. Kilgore, M.D. dated 10/14/99

M2-06-1809-01

Page Three

Required Medical Evaluations (RMEs) with Robert G. Winans, M.D. dated 11/21/00, 01/07/01, 02/17/03, and 12/15/05

A TWCC-73 form filed by Dr. Winans dated 11/21/00

An evaluation with Karl D. Erwin, M.D. dated 03/28/01

Evaluations with Kenneth P. Price, Ph.D. dated 10/02/01 and 12/05/01

Evaluations with Daniel Shalev, M.D. dated 12/06/01, 07/22/02, 08/04/03, 09/22/03, 10/03/03, 10/20/03, 02/17/04, 08/19/04, 01/06/05, 03/29/05, 07/15/05, 10/14/05, 03/02/06, and 05/25/06

Supplemental reports from Dr. Winans dated 03/10/03 and 03/13/06

A peer review from Hooman Sedighi, M.D. dated 04/28/04

Evaluations with Richard A. Espey, M.D. dated 04/06/05, 10/05/05, and 03/22/06

Medication management notes from Lee Bradshaw, M.S.N., R.N. dated 09/19/05, 11/03/05, 01/26/06, 03/31/06, and 05/30/06

Evaluations with Dr. Holiner dated 12/29/05, 03/01/06, and 05/02/06

A letter written by Dr. Shalev dated 02/12/06

A DWC-73 form filed by Dr. Espey on 03/22/06

A psychiatric evaluation with Peter B. Polatin, M.D. dated 05/15/06

Clinical History Summarized:

An MRI of the lumbar spine interpreted by Dr. Carp on 04/02/97 revealed prominent retrolisthesis and degenerative disc disease at L4-L5. On 04/16/97, Dr. Murray recommended an active exercise program, a TENS unit, and possible epidural steroid injections (ESIs). On 10/31/97, Dr. Chapman recommended a discogram, psychological testing, and possible surgery. On 06/16/98, Mr. Overman also recommended surgery. On 08/20/98, Dr. Gill performed lumbar surgery at L4-L5 and L5-S1. On 10/22/98, Mr. Overman recommended a psychiatric and medication management evaluation. On 01/13/99, Dr. Milani also recommended the urological consultation, along with a pain management program. On 02/09/99, Dr. Milani placed the patient at Maximum Medical Improvement (MMI) with a 20% whole person impairment rating. On 03/12/99, Mr. Overman discharged the patient from the pain management program. The patient was given Zoloft, Trazodone, and Ultram by Dr. Milani on 03/31/99. An EMG/NCV study interpreted by Dr. Khalid on 10/12/99 was normal. A CT scan of the lumbar spine interpreted by Dr. Kilgore on 10/14/99 revealed the previous surgical changes only. Dr. Milani performed a left SI joint injection on 02/15/00. On 04/05/00, Dr. Milani assigned the patient a 51% whole person impairment rating, which now included sexual dysfunction, a bladder problem, and bowel function. On 11/29/00, Dr. Winans felt the patient could work in a very sedentary capacity. On 03/28/01, Dr. Erwin recommended no further psychiatric therapy or

M2-06-1809-01

Page Four

psychotropic drug treatment as related to the original injury. On 07/27/01, Dr. Milani performed a left shoulder injection and also recommended physical therapy. On 12/06/01, Dr. Shalev increased the patient's Neurontin, prescribed Vicodin, and recommended SI joint and SI ligament injections. On 07/16/02, Dr. Milani performed a left SI joint injection. On 07/22/02, Dr. Shalev increased the patient's medications and also started him on Oramorph. On 02/17/03, Dr. Winans felt no further surgical intervention or injections would be reasonable or necessary and ordered an FCE. On 09/22/03, Dr. Shalev recommended detoxification of the opioids in an inpatient program. On 04/28/04, Dr. Sedighi recommended a pain management program with tapering of the medications. On 10/05/05, Dr. Espey referred the patient to a psychologist and prescribed Flexeril. On 12/15/05, Dr. Winans recommended no narcotic medications, but he recommended psychiatric treatment and a home exercise program. On 02/12/06, Dr. Shalev recommended a narcotic medication with Suboxone. On 03/02/06, Dr. Shalev recommended psychiatric medication management and psychotherapy, along with a gym membership, Suboxone therapy, and SI joint injections. On 05/02/06, Dr. Holiner recommended Suboxone and a pain management program.

Disputed Services:

Left SI joint injection times one and a left sided sciatic nerve block times one

Decision:

I disagree with the requestor. The left SI joint injection times one and a left sided sciatic nerve block times one would be neither reasonable nor necessary.

Rationale/Basis for Decision:

The injections will be addressed separately. The patient has been psychiatrically very impaired with a major depressive disorder and a chronic pain syndrome, in my opinion. The patient had a history of suicidal ideation. His pain has not been in proportion to any physical findings. Therefore, the first objection is that any invasive treatment would not likely yield permanent or meaningful improvement.

Secondly, SI joint injections are diagnostic in nature. They are not therapeutic in anyway. According to the teachings from the North American Spine Society and International Spinal Injection Society, SI joint injections should be performed once. If they are positive, with a great

M2-06-1809-01

Page Five

degree of pain relief, this would indicate the pain had been coming from the SI joint. This, of course, would be unfortunate as there are no real treatments for sacroiliac disease if it exists. However, most individuals with “positive response” to sacroiliac blocks have what seemed to be placebo response. There was no scientific evidence that repeated sacroiliac joint blocks have any efficacy.

There was no physiologic evidence that a sciatic nerve block would be indicated. There was no electrophysiologic evidence, no physiologic evidence, and no physical exam evidence that the patient had sciatic nerve dysfunction. A block at the sciatic nerve would be neither reasonable nor necessary.

In summary, this patient, in my opinion, has been psychiatrically unstable and should not be subjected to invasive techniques of any efficacy. Sacroiliac and sciatic nerve blocks would be neither reasonable, nor necessary, one because of lack of efficacy and the second because of the lack of evidence of its necessity.

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

M2-06-1809-01

Page Six

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 patient via facsimile or U.S. Postal Service this day of 09/08/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel