10/16/02 **IRI**

Re: Medical Dispute Resolution
MDR #: M5.02.2260.01
IRO Certificate No.: IRO 5055

Dear
IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

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 Chiropractic Medicine.

The physician reviewer **DISAGREES** with the determination of the insurance carrier in this case. The reviewer is of the opinion that the work hardening program that took place between 08.06.01 through 09.21.01 **WAS MEDICALLY NECESSARY.**

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional 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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,