

February 1, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0393-01

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Neurology.

THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER.

This patient had an original lumbar spine surgery.

At no time has he had a previous MRI over the past 6-7 years that showed a change in anatomy, other than caused by surgical changes. Throughout the time, he has continued to complain of chronic back pain. At this time he does not have change in his symptomatology or physical exam that would suggest a need for a repeat MRI of his lumbar spine.

I am the Secretary and General Counsel ___ 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 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. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

Sincerely,

Secretary & General Counsel