IRO America Inc.

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May 2, 2006

TDI-DWC Medical Dispute Resolution
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Patient:	____
TDI-DWC #:	____
MDR Tracking #:	M2-06-0984-01
IRO #:	5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Operative report 01/08/03
- MRI cervical spine 02/18/04
- Procedure notes 05/27/04, 07/06/04
- EMG/NCS 06/21/04
- Office note of Dr. Hirsch 07/19/04
- Office notes of Dr. Lampert 09/07/04, 08/09/05

- Office notes of Dr. Burdin 09/09/04, 10/14/05, 12/06/05, 01/09/06, 02/02/06, 02/15/06
- Office note of Dr. Personett 04/05/05
- IME with Dr. Xeller 08/31/05
- Request for repeat cervical MRI 02/01/06
- Peer review 02/15/06
- Peer review 02/17/06

CLINICAL HISTORY

This ___year old female is treating for cervical pain, headaches and left shoulder and left upper extremity pain. In 2003 The Patient had a left carpal tunnel release and left cubital tunnel release without resolution of her symptoms. She had a cervical MRI on 02/18/04 that showed a 3 mm subligamentous disc herniation indenting the ventral surface of the thecal sac at C5-6. There was spondylosis noted with moderate narrowing of the right neuroforamen. At C6-7 there was a 5 mm right parasagittal disc herniation flattening the thecal sac and impinging on the right C7 nerve root sleeve. Moderate narrowing of the right neuroforamen was noted.

The Patient continued to treat with chiropractor, Dr. Burdin who was her primary treating physician and Dr. Hirsch, physical medicine and rehab. She was treated with trigger point injections and epidural steroid injections that did not provide significant relief. An EMG/NCS on 06/21/04 demonstrated mild carpal tunnel syndrome bilaterally, right greater than left.

On 07/19/04 Dr. Hirsch documented limited cervical range of motion; reflexes were 2 plus and sensation was intact. Tinel and Phalen testing was positive on the left and negative on the right. There was a questionable positive Spurling that radiated to the left trapezius. Dr. Hirsch noted that The Patient had a surgical consultation with Dr. Denno who felt she was not a surgical candidate. The Patient continued to treat conservatively. She was treated by neurologist Dr. Lampert for vascular, migraine type headaches. Dr. Burdin noted on 09/09/04 that an MRI of the left shoulder showed some tendinopathy in the supraspinatus and infraspinatus muscles.

The Patient continued to follow regularly with Dr. Burdin and Dr. Lampert. On 08/09/05 Dr. Lampert noted no major change in symptoms. On 08/31/05 Dr. Xeller performed an independent medical evaluation. At that time The Patient complained of mainly neck pain with pain down the arm and shoulder pain. She had numbness in the elbow and numbness in the fingers. On exam cervical motion was full and shoulder motion was full with a painful arc at 120 degrees of flexion and abduction. Impingement testing produced slight pain on the left and none on the right. The Patient still had pain over the cubital tunnel, but a negative Tinel. The Tinel sign was slightly positive at the wrist. Dr. Xeller concluded that The Patient had reached maximum medical improvement. X-rays of cervical spine were done on 09/02/05 and were basically normal per a supplemental report.

On 10/14/05 Dr. Burdin noted complaints of numbness and tingling in the left upper extremity, primarily in the ulnar nerve distribution. She also had pain in the shoulder and into her neck. On exam The Patient had a positive Tinel at the left cubital tunnel. Hyperflexion was positive. The Patient had mild to moderate increase in tone in the cervical and trapezius musculature. Compressive procedures to the head and neck were uncomfortable and there was limited motion. Dr. Burdin discussed hypnotherapy as a pain management modality. He felt The Patient remained disabled as a result of her moderate pain levels and physical difficulties.

The Patient presented to Dr. Burdin on 12/66/05, sooner than anticipated due to increased pain in the left side of the neck and down into the left forearm and hand. He noted that The Patient had been receiving some manipulation and massages. On exam she had a negative Tinel and Phalen at the left wrist and a negative Tinel at the left cubital tunnel. Pressure over the lateral epicondyle caused some increased pain that radiated across the dorsum of the left hand. The

Patient had limited cervical range of motion and compressive procedures were uncomfortable. Dr. Burdin felt the radiating pain was likely from lateral epicondylitis/radial tunnel syndrome.

On 01/09/06 Dr. Burdin documented continued neck pain. There was no change in exam findings. He noted that The Patient was having headaches that were cervicogenic in nature related to muscle spasm. On 02/02/06 Dr. Burdin noted that The Patient still had neck and left upper extremity pain, but the neck was worse. The Patient had pain with Tinel testing at the left wrist and left elbow. Hyperflexion of the elbow on the left produced some increased numbness. She had decreased perception of vibration in the right arm compared to the left. Compressive procedures in head and neck were painful. The Patient had limited cervical range of motion secondary to spasm. Dr. Burdin noted that the headaches had been a problem and he thought it would be prudent to get a repeat cervical MRI. The MRI was denied on peer reviews of 02/15/06 02/17/06.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Repeat MRI of the cervical spine.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

This Patient has long standing cervical pain and left upper extremity pain. She has a history of left carpal tunnel release and left ulnar nerve release with ongoing symptoms. The prior cervical MRI on 02/18/04 demonstrated cervical spondylosis at C5-6 and C6-7. An EMG on 06/21/04 was negative for radiculopathy. The Patient has had a recent increase in cervical pain and headaches. There is no documentation of radicular symptoms, abnormal neurological findings or progressive neurological deficit to support the need for a repeat MRI study. There is no documentation of any significant change in This Patient's condition other than increased neck pain and headaches. The Reviewer's medical assessment is that the repeat cervical MRI is not recommended as medically necessary.

Screening Criteria

1. Specific:

- ACOEM guidelines, chapter 12, pages 303-304

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer

Cc: ____

Brad Burdin, DC
Attn: Jessica
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VIA Metropolitan Transit
Attn: Heena Pina
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Your Right To Appeal

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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 2nd day of May, 2006.

Name and Signature of IRO America Representative:

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer