ZRC MEDICAL RESOLUTIONS INC

September 14, 2006

Re: MDR #: M2 06 1878 01 Injured Employee: ____
DWC #: _____ DOI: _____
IRO Cert. #: 5340

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT: **Amerisure Insurance**

REQUESTOR: **____**

TREATING DOCTOR: **John Davis, MD**

PROVIDER RENDERING SVC: **Robert Johnson, MD**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. 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 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. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in orthopedic surgery and is currently listed on the DWC Approved Doctor List.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

We are simultaneously forwarding copies of this report to all parties to the dispute and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on September 14, 2006.

Sincerely,

Jeff Cunningham, DC
President

ZRC MEDICAL RESOLUTIONS INC

REVIEWER'S REPORT
M2 06 1878 01

MEDICAL INFORMATION REVIEWED:
1. Notification of IRO-DWC assignment
2. Table of Disputed Services
3. Insurance company denials from Unimed Direct
4. Requests for surgery authorization from Neurosurgical Associates of San Antonio
5. Carrier's records
6. Requestor's records

BRIEF CLINICAL HISTORY:
The patient is a 29-year-old claimant with chronic low back pain without any neurological deficits. The MRI scan noted some abnormalities in the L4/L5 disc level with no evidence of neural compression. The patient is treated with pain management and has significant psychological overlay. The patient had documented polypharmacy by the neurosurgeon's office. Psychological evaluation performed on 01/24/06 recommended psychotherapy. The patient did not respond to transforaminal epidural steroid injections at the proposed level. Discography has not been documented or performed.

DISPUTED SERVICES:
L4/L5 lumbar laminectomy decompression and posterolateral fusion with interbody fusion with rods, plates, pedicle screws, and possible cages and bone grafting has been denied as medically unnecessary.

DECISION:
I AGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:
The patient did not have evidence of neural compression or segmental instability at the proposed level of surgery. MRI scan and myelogram show no compression. In someone this age, it would not be prudent to consider fusion at this level without significant compelling reasons. This has not been documented. Discogram to see if this single level fusion would be predictive of long-term pain relief or consideration of a disc replacement could be an option. However, this patient does not appear to be stable psychologically for such a significant surgical procedure.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:
ACOEM Guidelines were used in guiding treatment guidelines and screening criteria.