

December 6, 2005

[Claimant]

Re: **MDR #:** M2-06-0314-01 **Injured Employee:** ___
 DWC #: ___ **DOI:** ___
 IRO Cert. #: 5055 **SS#:** ___

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation

Attention: ___
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT:
American Casualty Co of Reading/Law Ofc of Jeffrey M. Lust
Attention: James Cassidy
Fax: (214) 220-5614

TREATING DOCTOR:
Robert H. Legrand, MD
Fax: (325) 657-0875

Dear Mr. ___:

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records 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.

I am the Secretary and General Counsel of Independent Review, 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.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, 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 December 6, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT
M2-06-0314-01

Information Provided for Review:

DWC-60, Table of Disputed Services, EOB's

From Respondent:

Correspondence

Designated Reviews

Treating MD:

Office Visits 01/12/00 – 10/17/05

OR Report 01/12/00

Radiology Reports 09/10/99 – 01/24/05

Pain Management:

Office Visits 08/13/03 – 07/01/05

Clinical History:

The patient is an approximately 40-year-old gentleman injured in _____. The patient underwent an L3 to S1 decompression laminectomy and fusion in 1993. Then in 2000 he underwent an anterior L5/S1 fusion for pseudoarthrosis found at the L5/S1 level. The patient had persistent low back pain and radiating leg pain.

Disputed Services:

Lumbar depo medrol and marcaine injection under fluoro.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion the treatment in dispute as stated above is medically necessary in this case.

Rationale:

I have reports of an MRI scans of the lumbar spine dated 01/30/01 as well as 07/31/02. In both of these reports, the L2/L3 level is found to have spinal stenosis.

Certainly epidural steroid injections are well accepted and well supported in the literature as a nonoperative treatment for lumbar spinal stenosis.