

NOTICE OF INDEPENDENT REVIEW DECISION

July 5, 2006

Bridgepoint I, Suite 300  
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Requestor

Elba Ray Strong, DC  
ATTN: Norma Valldarez  
620 Paredes Line Road  
Brownsville, TX 78521

Respondent

ACIG Insurance Company  
ATTN: Joe Anders  
Fax#: (512) 338-5363

RE: Claim #:  
Injured Worker: \_\_\_\_\_  
MDR Tracking #: M2-06-1103-01  
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and the provider, 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 IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work related injury on \_\_\_\_ when he was struck by a tire that came off of a moving vehicle. He was struck in the left side resulting in pain to his low back with pain radiating down his left leg with numbness and tingling. Over the course of treatment he has received chiropractic care, therapy, medication, injections, and a work hardening program.

Requested Service(s)

Repeat lumbar MRI

Decision

It is determined that the repeat lumbar MRI is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

At this time it has been over two years since the patient's injury and over one and one half years since his last lumbar MRI. The patient has chronic pain and at this point he has exhausted all

other methods of treatment for his chronic condition with the exception of surgical intervention. Since he has had on going problems, there is a possibility that his condition has significantly deteriorated since his previous lumbar MRI. At this point it is necessary for him to undergo a repeat lumbar spine MRI to determine if he is a surgical candidate.

This decision by the IRO 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.

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

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

Sincerely,



Gordon B. Strom, Jr., MD  
Director of Medical Assessment

GBS:dm  
Attachment

cc: Injured Worker  
Program Administrator, Medical Review Division, DWC

In accordance with division Rule 102.4 (h), 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 this 3rd day of July 2006.

Signature of IRO Employee:  
Printed Name of IRO Employee:

**Information Submitted to TMF for Review**

**Patient Name:** \_\_\_\_\_

**Tracking #:** M2-06-1103-01

**Information Submitted by Requestor:**

- Response to the IRO assignment and request for medical records
- Office notes from Dr. Berger
- Report of the MRI of the left knee
- Consultation
- Report of MRI of the lumbar spine
- Re-evaluation by Dr. Strong
- Examination notes from Dr. Howell
- Office notes from Dr. Tijerina

**Information Submitted by Respondent:**

- Examination notes from Dr. Howell
- Re-evaluation and office notes from Dr. Strong
- Office notes from Dr. Howell
- Report of MRI of the lumbar spine
- Office notes from Dr. Tijerina
- Letters from Barbara Overton
- Request for Reconsideration
- TWCC Rules
- Letter to TWCC from Dr. Howell
- Functional capacity report
- Office notes from Dr. Pitts
- Office notes from Dr. Kramer
- Operative notes
- History and Physical by Dr. Kramer
- Initial Functional Capacity Evaluation
- Report of the MRI of the left knee
- 2<sup>nd</sup> Functional Capacity Evaluation
- Diagnostic Interview
- Clinic notes from Dr. Mansfield
- Work Hardening Program Progress Notes
- Psychotherapy Progress Notes
- The Oswestry Disability Index for Low Back Pain
- Request for Reconsideration
- Mental Health Evaluation with Assessment Testing
- Psychophysiological Profile Assessment
- Table of Disputed Services