

  
**INDEPENDENT REVIEW INCORPORATED**

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**June 12, 2006**

**Re:    MDR #:        M2 06 1190 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:        Texas Mutual Insurance**

**TREATING DOCTOR:    Richard Alexander, DC**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this 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 office manager 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 licensed Doctor of Chiropractic 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.

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

## 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 June 12, 2006.

Sincerely,



Jeff Cunningham, DC  
Office Manager

**REVIEWER'S REPORT  
M2 06 1190 01**

**Information Provided for Review:**

1. Records presented from Texas Mutual Insurance
2. TWCC 69 from Paula Lyons, MD
3. Records from San Antonio Accident and Injury Care
4. Records from Marcus Haynes, DC
5. Records from Eddie Cerday, MD

**Clinical History:**

Ms. \_\_\_ works in a daycare center and reached down to pick up a child, age 18 months, and twisted her back on \_\_\_. She felt an immediate sharp pain in the middle and low back on the right side. She reported the incident and went to the Texas Med-Clinic and was diagnosed with a sprain/strain. She later went to San Antonio Accident and Injury Clinics and was diagnosed with a lumbar disc protrusion/extrusion with possible nerve impingement.

**Disputed Services:**

The carrier has denied the medical necessity of work hardening for 10 sessions

**Decision:**

I DISAGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

**Rationale:**

The patient has a clear lumbar disc problem that needs advanced care. It does not seem to be a case that is under consideration for surgical intervention at the current time, but the trauma that this patient underwent did leave her with a sedentary work grouping. Her job demands medium work status and clearly, a work hardening program would address such a deficiency. I recommend approval of 10 work hardening sessions as requested.

**Screening Criteria/Publications:**

North American Spine Society Guidelines, TCA Guidelines to Quality Assurance