INDEPENDENT REVIEW INCORPORATED

June 22, 2006

Re:	**MDR #:**	**M2 06 1296 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: **University Health Systems**

REQUESTOR: **___**

TREATING DOCTOR: **Gerardo Zavala, MD**

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 board certified in Anesthesiology with added qualifications in pain management 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 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 June 22, 2006.

Sincerely,

jc

Jeff Cunningham, DC
Office Manager

INDEPENDENT REVIEW INCORPORATED

REVIEWER'S REPORT
M2 06 1296 01

Information Provided for Review:

1. Initial employee accident report dated 11/11/05.
2. TWCC-1 dated 11/16/05.
3. Physical therapy progress notes from Dynamic Rehab Works from 11/17/05.
4. Progress notes from Dr. Simmons.
5. Progress notes from Dr. Zavala.
6. Lumbar MRI scan.

Clinical History:

This claimant was allegedly injured while giving a bath to a patient who was sitting in the shower chair. According to the employee's initial accident report on the TWCC-1, the actual event was un-witnessed. The claimant was initially evaluated by Dr. Cyr, an orthopedic surgeon, who referred her to physical therapy for initial evaluation on 11/17/05. At that time the claimant complained of lower back pain only. There was no documentation of any symptoms radiating into the lower extremities. Physical therapy was prescribed for 4 weeks at a frequency of 3 times a week. The claimant was seen by Dr. Simmons in follow up on 12/01/05 after having attended 2 weeks of physical therapy 3 times a week. The claimant stated that her pain was no better and that physical therapy was of no benefit. Physical examination by Dr. Simmons on that date documented negative sacroiliac stress test, normal strength, normal reflexes, normal hip range of motion, and negative straight leg raising test bilaterally. The claimant was then sent for a lumbar MRI scan on 12/02/05, which demonstrated a subligamentous L4/L5 disc herniation with no other findings. On 12/07/05 the claimant was seen again by Dr. Simmons who stated that the claimant should return to work with restrictions lifting no greater than 10 pounds. On 12/27/05 the claimant was initially evaluated by Dr. Zavala, neurosurgeon. She now complained not only of low back pain but left hip and thigh pain, as well. Dr. Zavala recommended physical therapy, epidural steroid injections, or surgical evaluation. He also took the claimant off work as of that date. On 02/02/06 Dr. Zavala documented that the claimant was able to return to work as of 02/03/06 with no restrictions. He followed up with the claimant on 02/27/06, now documenting pain radiating from the low back into the right lower extremity, not the left as had previously been described. He also commented on electrodiagnostic studies that were negative for radiculopathy. Dr. Zavala recommended that the claimant begin physical therapy on a daily basis for 2 weeks. This request was reviewed by 2 separate physician advisers, on 03/01/06 and 03/13/06, both of whom recommended denial of physical therapy as not

being medically reasonable and necessary. Dr. Zavala followed up with the claimant on 03/15/06, stating that she did not wish to under epidural steroid injection. Instead, he continued to recommend "heat, massage, and exercise to the lumbar spine daily for 2 weeks." On 04/20/06, the claimant returned to Dr. Zavala with yet another new pain complaint. She now complained of pain radiating to both lower extremities, worse on the right than the left, as well as left thigh pain. As of 05/12/06, the last progress note available for review, Dr. Zavala continued to document the same subjective symptoms and recommendation for "heat, massage, and exercise to the lumbar spine daily for another 2 weeks."

Disputed Services:

Physical therapy daily x 2 weeks.

Decision:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

Rationale/Literature Cited:

Medical literature supports the use of passive modality treatment for approximately 2 weeks following a lumbosacral strain event followed by, at most, 3 to 4 weeks of active physical therapy. Therefore, there is no justification for any passive modality treatment in this case, nor is there justification for supervised exercise on a daily basis for 2 weeks for a minor lumbosacral strain event over 7 months ago. Additionally, Medicare Guidelines for Outpatient Physical Medicine and Rehabilitation do not support the requested physical therapy requested.