



July 12, 2006

Re: **MDR #:** **M2-06-1566-01** **Injured Employee:** ___
 DWC #: ___ **DOI:** ___
 IRO Cert. #: **5340** **SS#:** ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: **Transportation Insurance**

REQUESTOR: **Mary Ann Mitchell, MS, LPC**

TREATING DOCTOR: **Adrian Olivares, DC**

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 neurology 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 ZRC Medical Resolutions, 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 July 12, 2006.

Sincerely,



Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 06 1566-01**

Information Provided for Review:

Complete documentation on ___ since his accident of ___ including the evaluation and surgical treatment of back surgery performed on 03/29/05 and all subsequent follow-up visits and evaluations for mobility and pain.

Clinical History:

The claimant is now a 63-year-old male who was injured at work on ___ while pushing a pallet of chairs into an elevator. He suffered a lower back injury involving herniated discs at L4/L5 and demonstrated an L5 radiculopathy on EMG study. His treatment culminated on back surgery on 03/29/05 with a 2-level lumbar fusion. The claimant continues to have back pain and pain in his legs with reduction in motion and limitation of motion. While the decompression laminectomy was reported to be surgically successful, the claimant continues to support pain that interferes with his ability to function and particularly to work. Despite physical therapy and chronic pain management programs, his pain symptoms continue, associated now because of the length of time and severity of pain post surgery, with a degree of depression.

Disputed Services:

Ten-session chronic pain management series.

Decision:

I DISAGREE WITH THE DETERMINATION BY THE INSURANCE CARRIER IN THIS CASE.

Rationale:

The claimant did demonstrate some benefit from the initial 10-session chronic pain management program but failed to achieve a level of success and independence that would allow him to return to work and again achieve at a level that he would find acceptable. There are numerous physical and psychological factors that need to be considered in treating this claimant, including the need to direct a chronic pain management program at a level and in a manner that he can integrate into his daily life.

He needs to achieve a greater degree of mobility, in part for work and in part for this own psychological sense of well being and health. An additional 10-session chronic pain management program should certainly be attempted as that may prove to be successful in restoring his self confidence, a major issue at this point. To deny him this additional opportunity for recovery would be most unfortunate and not cost-effective in the long term, as his work productivity is adversely affected by the pain that he has or feels that he has. Given his educational background and status, and appropriately organized chronic pain management program with behavioral modification should prove very beneficial.

Screening Criteria/Literature:

Standard practice would dictate that this patient deserves an adequate trial on behavioral modification and chronic pain management, which the second 10-session cycle should accomplish.