

ZRC MEDICAL RESOLUTIONS

August 3, 2006

Re: MDR #: M2 06 1701 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: Zurich American Ins.

REQUESTOR: ___

TREATING DOCTOR: Helson Pacheco-Serrant, MD

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 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 ZRC Medical Resolutions, 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 August 3, 2006.

Sincerely,

Handwritten initials 'JC' in a stylized, cursive font.

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 06 1701 01**

Information Provided for Review:

1. DWC records including prior denials dated 05/22/06 and 06/09/06
2. Carrier records including records from El Paso Orthopedic Surgery Group and Center for Sports Medicine, MRI studies 09/06/05, EMG/nerve conduction studies 09/30/05.

Clinical History:

The patient is a 43-year-old male who suffered a direct blow injury to his head on ___ when a box fell from a shelf, striking him in the head. Treatment and evaluations have resulted in the suggestion of a diagnosis of cervical disc disease, and preauthorization for an anterior cervical fusion at the level of C3/C4 has been submitted by Helson Pacheco-Serrant, M.D.

Disputed Services:

Anterior cervical fusion at C3/C4.

Decision:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

Rationale:

I agree with the insurance company that the anterior cervical fusion is not indicated, not medically necessary, and is unlikely to provide relief of symptoms. The medical records submitted to me include no specific physical findings to suggest cervical radiculopathy. There are no special imaging studies that suggest compression of either cervical roots or the spinal cord proper. The EMG/nerve conduction study performed on 09/30/05 revealed only a delay in the conduction of the ulnar nerve at the wrist and specifically no cervical radiculopathy. The independent medical evaluation by Hugh Ratliff, M.D. and the functional capacity evaluation further indicate that radiculopathy as the etiology for this patient's symptoms is not likely.

Screening Criteria/Literature:

The following textbooks were utilized for screening criteria: Clinical Orthopedics, Edward Craig, M.D., Editor, pages 337-338; Adult Spine Principles and Practice, John Frymoyer, M.D., Editor in Chief; Miller Review of Orthopedics, page 148.