ZRC MEDICAL RESOLUTIONS INC

August 7, 2006

Re:	**MDR #:**	**M2 -06-1706-01**	**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: **Texas Municipal League/FOL**

REQUESTOR: **___**

TREATING DOCTOR: **Christopher Garrison, 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 neurology 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 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 7, 2006.

Sincerely,

jc

Jeff Cunningham, DC
President

ZRC MEDICAL RESOLUTIONS INC

REVIEWER'S REPORT
M2 06 1706 01

Information Provided for Review:

1. Treating doctor's records
2. Carrier Records
3. DWC assignment

Clinical History:

The claimant is a 49-year-old male who suffered a work-related lower back injury in ___, initially diagnosed as a back sprain. He suffered a re-injury 2-3 weeks subsequent to the initial injury when asked to move 150-pound drums of material despite being on "light duty." At the time, he complained of right upper buttock pain and dysesthesias with tingling over the gluteal and hamstring muscles. He was evaluated in November 2004, and pain was elicited over the right buttock with right lateral bending and right rotation of the back. He demonstrated a right antalgic gait. An MRI scan performed at that time demonstrated severe degenerative joint disease involving L5 and S1, diffuse annular bulges of the discs in L4/L5 and L5/S1. Also, he had moderately severe bilateral L5 neural foraminal narrowing and bilateral L5 spondylolysis. He was treated with physical therapy, oral steroids, for Neurontin for pain. He underwent an EMG study in February 2005, which was reported to be within normal limits. Because of ongoing pain complaints, he was treated with at least 1 injection of epidural steroids and possibly a second, in which the record is unclear, with at least a 20-30% improvement after the first injection. His back and leg pain has been persistent despite both medical and pharmacologic intervention. He is currently in consideration for surgical intervention on the basis of the continuing pain. He does not have any apparent objective findings in a neurological examination performed by his internal medicine physician.

Disputed Services:

Repeat MRI scan of the lower back.

Decision:

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

Rationale:

The patient continues to complain of significant pain limiting his participation in normal work activity and is on restricted work regimen. While he is not currently demonstrating abnormalities on neurological examination in terms of weakness or sensory change, his previous MRI scan nearly 2 years ago demonstrated significant bony and soft tissue pathology that merit follow-up. The nursing review from the insurance company and further medical review overlooked the importance of the previous orthopedic findings on MRI scan, and given the continuing pain and the extent of radiographic changes seen in the prior MRI scan, a repeat MRI scan would certainly be of merit and of great benefit in terms of ruling in or ruling out the option of surgical intervention and possibly of reducing his pain and returning him to a higher level of function both at work and at home.

Screening Criteria/Literature:

The rationale here is a balance of the relatively low cost of the radiographic procedure repeated in the face of definitive prior abnormalities versus the loss of function at work and home for a possibly rehabilitatible employee and the consideration of further benefit of physical therapy or other rehabilitation services.