

ZRC MEDICAL RESOLUTIONS

August 28, 2006

Re: MDR #: M2 06 1801 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: American Casualty

REQUESTOR: Douglas Won, MD

TREATING DOCTOR: Thomas Martens, DO

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.

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 28, 2006.

Sincerely,

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

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 06 1801 01**

Information Provided for Review:

1. David Logan, M.D.
2. Mid-Cities Neurology Associates
3. Ted Kredshi, M.D.
4. Carl Kukenbacher, PC
5. Jonathan Hart, M.D.
6. Junard Paroquy, M.D.
7. Kenneth Rosenzweig, M.D.
8. Peter Garcia, M.D.
9. Robert Hassett, M.D.
10. Andrew Pricoco, M.D.
11. John Obermiller, M.D.
12. Christie Schade, M.D.
13. Medal Clifford Perel, D.O.
14. Shane Reno, M.D.
15. Vista Hospital
16. Martha Walken, D.O.
17. Clifford Ferrell, D.O.
18. Dallas Physical Performance Center
19. David Bilman, M.D.
20. Jack Kern, M.D.
21. Robert Henderson, M.D.
22. James Galbraith, M.D.
23. Pinecreek Medical
24. Stephen Fowler, M.D.
25. Steven Becker, M.D.
26. Quest Diagnostic
27. Suyan Neprasu, M.D.
28. La Plaza Rehab
29. Jerry Prang, M.D.
30. Michael Ginsburg, M.D.

Clinical History:

The patient is a 31-year-old female who suffered a lumbar strain injury on ___ when she bent over to pick up a heavy object. She had low back pain and pain radiating into her right lower extremity. She has undergone a number of treatments including physical

therapy, epidural steroid injections, and facet joint injections. Currently Douglas Won, M.D. has requested authorization to perform L5/S1 anterior interbody fusion.

Disputed Services:

L5/S1 anterior interbody fusion.

Decision:

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

Rationale:

I agree with the opinion expressed in a letter from James Cassidy for CNA Insurance Company. Throughout the entire medical record, there are few, if any objective physical findings to suggest radiculopathy. A discography suggested only concordant pain at L3/L4 and L5/S1.

Screening Criteria/Literature:

My denial for the performance of L5/S1 interbody fusion with caging is based on passages from standard textbooks including Campbell's Operative Orthopedics and Frymoyer's The Adult Spine, Second Edition.