INDEPENDENT REVIEW INCORPORATED

September 28, 2006

Re:	**MDR #:**	**M2 06 1826 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: **Liberty Mutual**

TREATING DOCTOR: **Eric VanderWherf, DC**

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 chiropractor who 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 Independent Review, 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 September 28, 2006.

Sincerely,

jc

Jeff Cunningham, DC
Office Manager

INDEPENDENT REVIEW INCORPORATED

REVIEWER'S REPORT
M2 06 1826 01

MEDICAL INFORMATION REVIEWED:
1. DWC Assignment
2. Carrier records

BRIEF CLINICAL HISTORY:

The few records presented on this case indicate that the patient injured his low back which working as a mechanic. He was lifting a large bag of trash to be carried to a dumpster and had an immediate onset of low back pain. Lumbar MRI was negative for a frank pathology which would be surgical in nature, but did demonstrate a L4/5 bulge and desiccation. The patient has undergone extensive physical medicine since the date of injury with little documented improvement. Records from the carrier indicate that the patient's lifting category is "very heavy". Interestingly enough, notes from the treating provider indicate that the patient has basically recovered and has only mild to moderate flair-ups.

DISPUTED SERVICES:

Work hardening for 40 hours per week times 4 weeks.

DECISION:

I AGREE WITH THE INSURANCE CARRIER'S PRIOR FINDING IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

There is no indication in any form that this patient needs a work hardening program. The treating doctor did not present a FCE or any other documentation that would indicate such a program would be helpful for this patient or would return him to his previous work category. In fact, no documentation indicated that this patient could not do the work at the current time. This program is not necessary for this patient and I recommend against such an extensive program for what was basically a sprain/strain injury complicated by some pre-existing degeneration.

SCREENING CRITERIA/STUDIES

Due to a lack of documentation, no guidelines apply to this case.