ZRC MEDICAL RESOLUTIONS INC

September 15, 2006 **AMENDED September 15, 2006**

Re:	**MDR #:**	**M2 06 1856 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: **Highland Insurance Co.**

TREATING DOCTOR: **David Durkop, 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 also a chiropractor, is board certified in physical medicine and rehabilitation 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 September 15, 2006.

Sincerely,

jc

Jeff Cunningham, DC
President

ZRC MEDICAL RESOLUTIONS INC

REVIEWER'S REPORT
M2 06 1856 01

MEDICAL INFORMATION REVIEWED:
1. Note from Concentra dated 06/22/06
2. Procedure Appeal Request, Michael Soderstrom, M.A., 06/14/06
3. Notes from Pinnacle Pain Management
4. Notes from Dr. Durkop, chiropractor
5. Behavioral Evaluation Assessment, Pinnacle Pain Management

BRIEF CLINICAL HISTORY:
The claimant is a 54-year-old male who apparently sustained a 10-foot fall at work on ___, reportedly sustaining injuries to his cervical spine, lumbar spine, and left knee. He went on to have 2 arthroscopic surgical procedures on his left knee, including a partial medial meniscectomy, extensive chondroplasty, synovectomy, and plica removal. He also underwent conservative management of his cervical spine including cervical epidural steroid injections (6), physical therapy, TENS unit, and pharmacological management. Ultimately on 4/11/06 he underwent a C3-C7 cervical laminectomy. He was given a 37% whole person impairment rating.

DISPUTED SERVICES:
Ten sessions of preauthorization for chronic pain management.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:
It is my belief that the claimant does qualify for a multidisciplinary pain management evaluation and treatment. Ten sessions is adequate in my opinion. The claimant has had chronic problems with regards to his cervical spine and left knee that appear to have begun on ___. He has undergone 2 surgeries on his left knee and an extensive surgery on his surgical spine. He is no longer considered a surgical candidate for his cervical spine issues or his left knee problems, which continue. He has had, in my opinion, maximum medical benefit afforded to him through other conservative strategies and is now left with pharmacological management. There was the use of the term "addiction" to pain medication in the notes from Pinnacle. This does not, however, appear to be borne out by any other physicians. He may be dependent on pain medication, but I see no indication that he has any addition to them. The goal for the pain management program is multifactorial to allow him to learn better coping strategies for his chronic pain, deal with

the depression and anxiety associated with this pain, and perhaps minimize his pharmacologic dependence. Not withstanding his potential need for chronic pharmacologic intervention for his pain, behavioral assessment and treatment may provide an integral benefit to the claimant in dealing with his chronic pain.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:
It is well established in the pain management and physical medicine rehabilitation literature that individuals who attain maximum medical improvement and are left with chronic pain have several options available to them, which include pharmacological management, TENS unit, and psychological/behavioral counseling to learn to adapt to the pain. This gentleman is at the end of his treatment program, and I do believe completing the treatment program with a multidisciplinary pain management program to perhaps decrease his reliance on medication if possible but also allow him to cope with his symptomatology is appropriate. The ultimate goal is to improve his function and decrease his need for medications and allow him to return to some type of a safe working environment suitable to his condition. The literature dealing with chronic pain patients does support this type of a program, which has been recommended for this patient, and I would agree with that.