


INDEPENDENT REVIEW INCORPORATED

September 18, 2006

Re: **MDR #:** **M2 06 1865 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: **Texas Mutual**

TREATING DOCTOR: **Steven Enabnit, 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 18, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 06 1865 01**

MEDICAL INFORMATION REVIEWED:

1. DWC Assignment
2. Carrier records
3. Treating doctor records
4. Surgeon's recommendation

BRIEF CLINICAL HISTORY:

The patient was injured when she was lifting a very heavy box on her job and twisted at the waist to hand it to a second employee. She had an immediate onset of low back pain. She began treatment with Dr. Enabnit. EMG was found to be normal and MRI of December, 2003 demonstrated a 2 to 3 mm left central disc herniation at L5/S1 and 2 Schmorl's nodes. After considerable treatment, the patient was found to be at MMI as of June 8, 2004. In April of 2006, Dr. Richard Francis recommended surgery at the L5/S1 level. MRI was repeated in the lumbar spine and demonstrated scattered degeneration, mostly at the L5/S1 level. Electrodiagnostics were negative in May of 2006.

DISPUTED SERVICES:

The carrier has denied the medical necessity of spinal decompression for 10 sessions.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

This patient has had excessive treatment and has now been recommended for surgical intervention. There is no documentation that spinal decompression will prevent surgical intervention or that it will improve a discopathy that is degenerative in nature. While there are certainly times that spinal decompression is impressive in its results, this case does not seem to be one which would fit into that category. As a result, the request for spinal decompression is declined.

SCREENING CRITERIA/STUDIES

TCA Guidelines, Guidelines of the Mercy Conference.