

  
**INDEPENDENT REVIEW INCORPORATED**

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**September 29, 2006**

**Re:    MDR #:        M2 06 1942 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:                    City of San Antonio**

**TREATING DOCTOR:        Brad Burdin, 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 an orthopedic surgeon who is board certified 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 Independent Review, 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 September 29, 2006.

Sincerely,



Jeff Cunningham, DC  
Office Manager

**REVIEWER'S REPORT  
M2 06 1942 01**

MEDICAL INFORMATION REVIEWED:

1. Notification of IRO assignment
2. Medical Dispute Resolution Request/Response
3. Table of Disputed Services, repeat EMG/NCV denied
4. DWC Preauthorization Report and Notification
5. Requestor's records including clinical notes from Dr. Brad Burton dated 01/13/06 through 08/16/06, initial evaluation by Dr. Conrad Kaufman dated 12/28/05, EMG/NCV report, David Hirsch, dated 02/04/06 and 06/23/06, MRI scan of the lumbar spine dated 07/11/06, x-ray report dated 01/05/06, and functional capacity evaluation dated 02/19/06, and denials dated 08/09/06 and 08/02/06
6. Carrier's records including letter from Harris and Harris, attorneys at law, dated 09/15/06

BRIEF CLINICAL HISTORY:

This patient suffered a low back sprain on \_\_\_\_ that resolved with physical therapy. The patient had recurrent pain and sacroiliac joint dysfunction as well as left-sided lumbar and gluteal pain. He was treated with radiofrequency ablation of the right SI joint nerves and an SI joint injection by Dr. Hirsch with excellent relief of his symptoms. The patient had a nerve conduction study at the end of 2005 that was completely normal. The patient went to an emergency room on 07/05/06 complaining of severe pain in the lumbar spine. A new MRI scan was essentially the same as the previous one done in 2005. The patient had acute onset of pain down into the left leg and into the top and bottom of his foot. The findings were that of foot drop and decreased sensation in the lateral leg. A repeat EMG study has been ordered.

DISPUTED SERVICES:

Repeat EMG/nerve conduction study has been denied as medically unnecessary by the insurance company.

DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

RATIONALE OR BASIS FOR DECISION:

The physician reviewers at the insurance company that have denied the repeat

EMG/nerve conduction study do not comment on the new onset of motor weakness and neurologic findings. Therefore, repeat EMG/nerve conduction study is absolutely indicated.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED  
ACOEM Guidelines and clinical experience were used in screening criteria and treatment guidelines to form this opinion.