

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1986-01
Name of Patient:	
Name of URA/Payer:	American Casualty of Reading
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Brad Burdin, DC

October 5, 2006

An independent review of the above-referenced case has been completed by a physician board certified in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: \_\_\_\_\_  
Brad Burdin, DC  
Division of Workers' Compensation

RE: \_\_\_\_

DOCUMENTS REVIEWED

Voluminous records were submitted for this review including the following:

- CAN denial letters per Dr. Miller;
- Clinical notes from Brad Burdin, DC;
- L-S MRI report dated 9/27/02;
- C-spine MRI report dated 7/31/02;
- Attorney letter from James Cassidy dated 9/20/06;
- Clinical notes from Dr. Lampert;
- Psychosocial evaluation;
- Comprehensive Medical Analysis dated 4/30/04;
- EMG/NCV report on upper extremities dated 8/20/02 per Dr. Hirsch
- EMG/NCV report on lower extremities dated 2/8/03;
- Notes from chronic pain management program;
- MMI report from 2/11/04;
- Multiple FCE reports;
- TWCC 69 form for MMI on 6/11/04;
- Clinical review from Dr. Booth, DC dated 4/28/04;
- Clinical notes from Concerta clinic on 6/27/02; and
- Operative report on shoulder surgery.

CLINICAL HISTORY

Ms. \_\_\_\_ had a motor vehicle accident on 6/27/02 then a work related injury on \_\_\_\_\_. She had extensive treatment including medications, physical therapy, chiropractic adjustments, trigger point injections, hypnosis, chronic pain management program, and surgery on her shoulder. She has seen multiple healthcare providers and had extensive testing including EMG/NCV, x-rays, and MRIs. She had several FCEs and a TWCC-69 form completed on 6/27/02 with MMI noted and a 16% Impairment Rating. Dr. Burdin requested a repeat C-spine MRI and L-S MRI which was denied as was a subsequent appeal.

REQUESTED SERVICE(S)

C-spine MRI and L-S MRI.

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RE: \_\_\_\_

DECISION  
Denied.

RATIONALE/BASIS FOR DECISION

Ms. \_\_\_\_ had MRIs done previously on L-S spine and C-spine. Since then her clinical course has been stable or slightly improved. She has no significant neurological deficits or 'red flags' documented on the submitted records. She does complain of subjective decrease in sensation but no objective findings on exam or NCV/EMG are noted. Therefore, repeat MRI scans are not medically necessary or justified. This viewpoint is supported by standard of care, current textbooks, peer reviewed literature and generally accepted guidelines such as ACOEM and CMS. Therefore, the requested services are not approved.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider 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 IRO.

## 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.

Chief Clerk of Proceedings  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), 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 this 6<sup>th</sup> day of October, 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell