

ZRC MEDICAL RESOLUTIONS

September 29, 2006

Re: MDR #: M2 06 1980 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:

TREATING DOCTOR: Brad Burdin, 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 a board certified in Neurology and Psychiatry 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 29, 2006.

Sincerely,

Handwritten initials 'JC' in a stylized, cursive font.

Jeff Cunningham, DC
President



REVIEWER'S REPORT
M2 06 1980 01

MEDICAL INFORMATION REVIEWED:

Detailed medical records dating from _____ documenting degenerative disk disease, depressed mental state, and related conditions.

BRIEF CLINICAL HISTORY:

In ____, the patient apparently suffered a lifting injury to his lower back. In _____, the patient was diagnosed with degenerative disk disease involving three levels and with associated back pain of varying degree treated by a variety of modalities with varying success. He began working as a housekeeper for the _____ in 1992. In ____, the patient was riding in an elevator at _____ on two occasions when it stopped-and-accelerated and also stopped suddenly with a 4 inch drop, subsequent to which the patient's pain appeared to exacerbate. Radiographic studies at that time and over the next year confirmed the prior spine pathology and also noted an annular tear involving one level. Varying levels of pain over the last sixteen years have been treated with anti-inflammatory medication, epidural steroid injections, pain medication, TENS unit, physical therapy, home exercise, lumbar brace, and psychological counseling. Electrographic studies which had earlier shown some minimal NCV changes have within the last two years been reported as normal. For a brief period in 1999, for depressive symptoms detected by his primary care physician, he received amitriptyline and Paxil but without adequate dosing and length of treatment to derive benefit. In 2003-4, he again tried Paxil for several months. The record associated with his counseling/therapy at that time can be interpreted to indicate that he derived considerable benefit from the medication, but this was inadequately documented and the medication appeared to have been discontinued. His back pain has continued in varying degrees. It has interfered with his ability to work, and he has been out of work and not in a job retraining program to deal with the employment in other ways. He has received over the past half dozen years several series of psychological counseling. He is followed by a neurologist Dr. Lampert who has provided a thoughtful continuing oversight of the patient's multiple problems.

DISPUTED SERVICES:

Repeat psychological evaluation

DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE. While I would deny a repeat psychological evaluation, I would

recommend a psychiatric evaluation by a psychiatrist with experience in psychopharmacology. This patient may benefit from an adequate trial of antidepressant medication to deal with a suspect long-term depressive illness that has complicated the back pain and degenerative disk disease.

RATIONALE OR BASIS FOR DECISION:

The history of back disease and back pain is extensive. It preceded his employment at the [redacted] but apparently became worse following the elevator incidents. He has undergone repeated, thorough, and thoughtful evaluation for this problem, with the fullest range of treatment modalities short of surgery, which does not appear to be indicated at this point in any event despite certain vigorous advocates of this approach. The major issue is the patient's mental state, both independent of and related to the back issues. There is ample evidence from multiple care giver encounter reports that the patient suffers from some form of depression. It would be of the utmost importance to evaluate the depression, determine if pharmacological intervention would be of benefit (I believe that it will), and plan appropriate therapy for a sufficient period with intercurrent evaluation. The depression may well have preceded some if not all of the back disease and is now complicating his ability to deal with the back pain. It is also leading the patient to seek repeated further interventions, some of which may cause more harm than good, such as back surgery.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

This assessment is based on careful review of comprehensive medical records by a clinical neurologist with over twenty years clinical experience in a major teaching institution and medical center. I have relied on extensive personal experience and standard textbooks in the field. There is no specific research paper that speaks to the multiplicity and complexity of issues related to this case.