

  
**INDEPENDENT REVIEW INCORPORATED**

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**December 13, 2006**

**Re: MDR #: M2 07 0334 01 Injured Employee: \_\_\_**  
**DWC #: \_\_\_ DOI: \_\_\_**  
**IRO Cert. #: 5055**

**TRANSMITTED VIA FAX TO:**  
**TDI, Division of Workers' Compensation**  
Medical Dispute Resolution  
Fax: (512) 804-4868

**RESPONDENT: Liberty Mutual**

**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 a physician who is a board certified in orthopedic surgery and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to all participating parties 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 December 13, 2006.

Sincerely,

Jeff Cunningham, DC  
Office Manager

**REVIEWER'S REPORT  
M2 07 0334 01**

MEDICAL INFORMATION REVIEWED:

1. DWC assignment
2. Medical Dispute Resolution Request
3. Table of Disputed Services
4. Liberty Mutual denial letters
5. Medical records from Dr. Hirsch
6. Medical records from Dr. Brad Burton
7. Independent peer reviews from MRIOA
8. Occupational therapy notes from Neuromuscular Institute of Texas

BRIEF CLINICAL HISTORY:

This is a 57-year-old male who suffered a work-related injury on \_\_\_\_\_. He apparently sprained his neck and had persistent pain. There was no radiation into his arms and no bowel or bladder dysfunction. The patient was being treated by a chiropractor at NIT. Because of the persistent pain, he was referred to Dr. Burton for pain management. Dr. Burton felt that he had a herniated disc after reading the MRI scan and recommended a cervical epidural injection. The MRI scan was read by radiologist as negative, and no EMG study has been performed.

DISPUTED SERVICES:

C4/C5 epidural has been disputed.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

The patient has no history of cervical radiculopathy. There is no EMG or nerve conduction study to demonstrate it. Dr. Hirsch's impression is a C3/C4 radiculopathy. He mentions an MRI scan showing a C4/C5 disc. However, the radiologist's report demonstrates normal cervical MRI scan. There is no evidence of radiculopathy clinically or by MRI scan, and there is no EMG to support radiculopathy. This cervical epidural is absolutely not indicated or necessary for this patient.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

Clinical experience as well as ACOEM Guidelines do not support this procedure.