

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 0414 01**

MEDICAL INFORMATION REVIEWED:

1. Notification of IRO assignment
2. Table of Disputed Services
3. Insurance company's denial letters from Texas Association of School Boards with rationale
4. Medical records from Lone Star Orthopedics, Dr. Kenneth Berliner
5. Operative report of the right shoulder, arthroscopy, Dr. Kenneth Berliner, date of surgery 02/01/06
6. Bone scan report
7. MRI scan report
8. Functional capacity evaluation
9. Lab reports
10. Radiology reports
11. Cervical spine MRI scans
12. Required medical examination

BRIEF CLINICAL HISTORY:

The claimant suffered an injury to the shoulder, cervical spine, and lumbar spine. The patient underwent shoulder arthroscopy for chronic shoulder pain and has undergone multiple facet injections in the neck for chronic facet pain. The patient has had significant relief from the facet injections, and the patient's pain management specialist has recommended thermocoagulation of the L4/L5 and L5/S1 facets bilaterally. Of note, the patient had facet injections at these levels with excellent short-term relief.

DISPUTED SERVICES:

Radiofrequency thermocoagulation at L4/L5 and L5/S1 has been denied as medically unnecessary.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

The patient is an excellent candidate for thermocoagulation, as she has had excellent yet short-term relief from facet steroid injections.