


INDEPENDENT REVIEW INCORPORATED

November 1, 2006

Amended November 21, 2006

Re: **MDR #:** **M2 07 0090 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: **ACE American**

TREATING DOCTOR: **Bernie McCaskill, MD**

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 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 November 1, 2006.

Sincerely,

jc

Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 07 0090 01**

MEDICAL INFORMATION REVIEWED:

1. Notification of DWC assignment
2. Medical Dispute Resolution Request
3. Table of Disputed Services
4. Concentra Insurance Company denial letters
5. Requestor's records
6. Carrier's records

BRIEF CLINICAL HISTORY:

The claimant injured the lower back on ___ while at work. She presented to Dr. Bernie McCaskill on 04/17/06 complaining of bilateral posterior thigh pain and low back pain. The patient's physical examination was completely normal at that time. Diagnostic studies showed an L5/S1 disc herniation. The patient was started on conservative treatment and continued to complain of back and leg pain. The patient was seen multiple times by Dr. McCaskill over the next 5 months. Because of failure to respond to conservative measures, surgical decompression of the L5/S1 nerve root was recommended.

DISPUTED SERVICES:

L5/S1 microdiscectomy has been disputed by the insurance company.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

The main reason for this determination is due to the very poor documentation by Dr. McCaskill at multiple office visits in which he saw the claimant for physical examinations. No physical examination was documented. The only exam that was documented was done on 04/17/06 at the first visit, just a few weeks after the injury. Dr. McCaskill then continues to document the claimant's subjective complaints without examining the claimant or documenting that exam throughout the following 4-5 months. Therefore, the necessity for surgery cannot be determined without adequate documentation of physical examination. Simple medical practice dictates that a physical examination is always performed and documented with every evaluation and management episode. This was clearly not performed by Dr. McCaskill, and the request for surgery cannot be substantiated by physical findings, as they were not documented.