



November 6, 2006

Re: MDR #: M2 07 0134 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: Texas Mutual Ins.**

**TREATING DOCTOR: Robert LeGrand, MD**

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 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 November 6, 2006.

Sincerely,



Jeff Cunningham, DC  
President



**REVIEWER'S REPORT  
M2 07 0134 01**

MEDICAL INFORMATION REVIEWED:

1. Letter of denial from the insurance carrier, Texas Mutual
2. Independent Review by Concentra
3. Records from Robert H. LeGrand, Jr., M.D.
4. Independent medical examiner's review by Jack McCarty, D.O.

BRIEF CLINICAL HISTORY:

This is a 62-year-old male who underwent lumbar surgery and has developed intractable low back and lower extremity pains. The patient initially did well after his surgery, which occurred in January 2005, but since has developed progressive and incapacitating low back and lower extremity pain. The patient had relatively recent imaging performed of the lumbar spine, which revealed postoperative changes without evidence of acute abnormality. It was Dr. LeGrand's opinion that the patient had no operable abnormalities on this study.

DISPUTED SERVICES:

Necessity for a spinal cord stimulator.

DECISION:

I AGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

My rationale for this determination is based on the criteria proposed by the Official Disability Guidelines as it relates to spinal cord stimulators in that the patient will have tried and failed conservative treatments, and further, that the patient has had a psychological evaluation. The insurance carrier, Texas Mutual, has determined that psychological evaluation has not been performed. Further, on the basis of the records I had to review, I cannot make the determination that the patient has had complete or extensive conservative trials to manage this problem. I only have those records largely submitted by the neurosurgeon in the case, although there is a mention of the patient having received pain management care in the past.

**SCREENING CRITERIA/TREATMENT GUIDELINES**

These were alluded to above. This is largely related to the Official Disability Guidelines.

