

ZRC MEDICAL RESOLUTIONS

October 31, 2006

Re: MDR #: M2 07 0178 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: Facility Ins. Co.

TREATING DOCTOR: Lawrence B. McAnally

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.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

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.

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 October 31, 2006.

Sincerely,

Handwritten initials 'JC' in a stylized, bold font. The 'J' has a dot above it, and the 'C' is a simple, thick outline.

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 07 0178 01**

A. MEDICAL INFORMATION REVIEWED:

Summaries prepared by previous utilization reviewers (in 2002 and 2006) of history dating back to ____ (injury to lower back) and medical records submitted by the present treating physicians dating back to mid-2006.

B. BRIEF CLINICAL HISTORY:

51 yo male injured while driving to work ____ when the vehicle he was driving was rear-ended by a dump truck. He complained of back pain subsequent to the accident. The MRI obtained at that time demonstrated a large herniated disk at L4-L5. He underwent a microdiscectomy (right, L4-L5) two months later and had as a complication meningitis and sixth nerve palsy. A followup MRI in 1993 revealed epidural fibrosis and degenerative disk disease but no evidence of the disk herniation seen following the accident in 1991. He had low back pain on a chronic basis treated with physical therapy, home-based exercise, a lifetime health club membership, and multiple types of medication including anti-inflammatories, muscle relaxants and narcotics. His compliance with the home-based and gym-based programs was limited, as reported in 2002, and the same peer reviewer noted that addiction to narcotic medication had become a problem. Whether he ever underwent the inpatient detox program suggested for him in the past is uncertain. He is currently on medications with addictive potential and has intermittently asked for and received hydrocodone for pain.

His examinations within the last 4 months have demonstrated some back stiffness but no consistent positive straight leg raising or other indication of active root or disk disease. The rationale for an intensive physical therapy program at this point is uncertain. Whether this is an part of a more comprehensive treatment effort to wean the patient from addictive medication has not been made clear, and the other components of such a program are not present in this request for services.

C. DISPUTED SERVICES:

The patient's primary care physician has requested a physical therapy program described as the DBC active spine care program, with therapeutic exercises and activities, manual therapy, neuromuscular reeducation, ultrasound and electrical stimulation, utilizing specific mechanical devices and evaluation. This program consists of two sessions weekly for six weeks (12 in total).

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

The patient is 15 years post-injury and post-surgery. While there was some question about the direct relationship between the auto accident and the genesis of the herniated disk, that discussion is beyond the scope of this determination. With regard to the subsequent back pain, he has had a range of modalities provided over the years. Compliance with the exercise programs has been questionable, particularly with regard to both home-based and gym-based programs. Use of medication has had its own benefits and detriments, with some suggestion of addiction to certain of the medications prescribed and a need for detoxification as an inpatient suggested but not performed.

The patient has had extensive exposure to physical therapy in the period 1992-1994, with the impression coming through the peer review summary in 2002 that maximal medical improvement was achieved by 1994. The steady-state since then has involved some residual lower back pain and what has been described as a failed back surgery syndrome.

In the most recent medical evaluation performed in June and August 2006 by his current primary care physician, the physical examination shows no back tenderness, no limitation to or pain on straight leg raising, or limitation in range of motion.

The patient is complaining of back pain which has been responsive to steroids in recent months. While some physical therapy might be helpful, a simple program designed to reinforce home exercise and take advantage of the lifetime gym membership should prove more beneficial than an intensive physical therapy program. All efforts should be directed toward ongoing activities at home and gym that the patient can follow through with for the rest of his life. The role of intensive physical therapy a decade and a half after an acute injury is clearly nil. The role for some limited reinforcement therapy (with regular encouragement as part of routine health care) could be considered, in the manner described as 'functional restoration.' This approach is somewhat analogous to a sports medicine conditioning program. It has a high rate of success and can be done in the home-and-gym setting. A gradual weaning from the addictive medications and the use of more traditional anti-inflammatories and heat/ice for acute flare-ups should also be considered as part of routine medical care.

F. SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

There is no literature to support an active, aggressive physical therapy program for a patient who is 15 years post-op back surgery and has intermittent low back pain that responds to symptomatic measures.