



December 14, 2006

Re: MDR #: M2 07 0231 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: American Home Assurance**

**TREATING DOCTOR: Darren Marlow, DC**

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 orthopedic surgery and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to all parties to the dispute 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 December 14, 2006.

Sincerely,



Jeff Cunningham, DC  
President

### **REVIEWER'S REPORT M2 07 0231 01**

#### MEDICAL INFORMATION REVIEWED:

1. DWC assignment
2. Table of Disputed Services
3. Two Unimed Direct insurance denials
4. Submission for Medical Dispute Resolution letter from Texas Back Institute, Plano, Texas
5. Medical records, Texas Back Institute, D. W. Marlowe, D.C.
6. Independent Review Organization Summary dated 11/10/06
7. Employee's first report of injury or illness
8. Aero Claims Management Notice of Disputed Issues/Refusal to Pay Benefits
9. Emergency physician's reports, Presbyterian Healthcare System dated 03/12/05
10. Functional capacity evaluation from Texas Back Institute dated 11/02/05 and 11/05/05
11. Physical therapy notes from Texas Back Institute

BRIEF CLINICAL HISTORY:

The patient suffered a work-related lower back injury and suffered from chronic facet synovitis and sacroiliac joint dysfunction. The patient failed conservative management including therapy and chiropractic treatment as well as medical management, and facet joint injections were recommended for continued pain. These were denied by the insurance company.

DISPUTED SERVICES:

Bilateral L4/L5 and L5/S1 facet injections have been denied.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

This patient has chronic pain after lumbar sprain. Clinical examination demonstrates facet synovitis, and he has failed in adequate trial of conservative management. Facet steroid injections are indicated at L4/L5 and L5/S1 levels.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

Clinical experience as well as The Journal of Spine and Orthopedic Knowledge Update on Spine have been utilized in this review.