



November 16, 2006

Amended November 17, 2006

Re: MDR #: M2 07 0283 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: Christus Health/Broadspire

TREATING DOCTOR: Jason Eaves, 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 chiropractor who is board certified in pain management 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 November 16, 2006.

Sincerely,



Jeff Cunningham, DC
President



REVIEWER'S REPORT
M2 07 0283 01

MEDICAL INFORMATION REVIEWED:

1. Carrier/URA records
2. DWC assignment
3. Treating doctor records

BRIEF CLINICAL HISTORY:

This patient was injured on ___ in the low back when she was lifting a box and had an immediate onset of low back pain with radiation into both legs. She was seen by Dr. Mario Bustamante, MD the same day and was released to work with light duty restrictions and a lumbar sprain/strain along with a facet arthropathy at L4/5 and L5/S1. After an exercise program prescribed by her treating doctor, she was returned to work full duty with no restrictions. Apparently she had exacerbation of the lumbar injury and a MRI indicated early DJD of the lumbar spine, but otherwise normal findings. In April of 2002, the examination indicated normal motor and sensory examinations and straight leg raise was normal. The patient underwent ESI therapy in the summer of 2002, which were done as a series of 3 injections. By August 2, 2002, records indicate that Dr. Bustamante was of the opinion that the patient was nearly asymptomatic. In December of 2002, the diagnosis of facet arthropathy and bulging discs was administered by the treating doctor. A peer review by Aaron Combs diagnosed lumbalgia and recommended no further treatment as well as weaning from medication. A short time later, the patient had SI joint injections, left sided.

The patient changed doctors in November of 2004 to Joe Flood, DC and was diagnosed with lumbar discopathy lacking a myelopathy, radiculitis, facet syndrome, S1 sprain/strain, myofascial pain syndrome and muscular deconditioning. Dr. Flood removed the patient from the workplace at this time and began a comprehensive passive therapy program. In January of 2005 the patient was referred to M. David Dennis, MD, who prescribed medication and recommended a chronic pain program with possible work hardening. In February of 2005, EMG was performed and found to be normal.

A peer review was performed by Peter Alongi, DC of Florida, an advanced practitioner of the Activator technique, which stated that the only diagnosis the patient had was a sprain/strain and chronic low back pain. His opinion was that the patient was simply suffering from ordinary diseases of life and that no chiropractic treatment was necessary either in the past or future.

A discogram was performed with Dr. Dar in August of 2005 which was negative at all levels tested. CT in August of 2005 revealed broad based bulging of the annulus at the L2-3, L3-4 and L4-5 levels with some stenosis at L2-3 and L4-5. Dr. Dar recommended even more ESI therapy and trigger point injections combined with active therapy to strengthen the low back.

In November of 2005, Steven Earle, MD, recommended a decompressive laminectomy, discectomy and arthrodesis with internal fixation for spinal stabilization. While Dr. Martin Mendelssohn reviewed the case and found the proposed surgery unnecessary. The surgery, however, was indeed performed on January 6, 2006.

The patient was treated with passive and active care from March 9, 2006 through April 28, 2006 and the care was again administered from May 31, 2006 through June 28, 2006. This care was administered by San Antonio Spine and Rehab. A total of 24 sessions of physical medicine was administered by the treating clinic and little, if any, improvement is noted by the records which are presented.

DISPUTED SERVICES:

The carrier has declined a preauthorization request for 12 sessions of post operative physical medicine to include 97110, 97140 and G0283.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

Initially, this was not a case in which surgery was even indicated, much less considered necessary. The patient's testing was generally negative or borderline at best. Electrodiagnostics were negative and MRI was generally negative for frank pathologies as was the results of the CT, even though the CT did find some disc bulges.

The chiropractic clinic administered huge amounts of physical medicine to this patient almost 3 years after the initial injury, including passive care and active care. No noticeable change was found.

The surgery performed on this patient was somehow found to be necessary, apparently by a URA. However, there are no indications that surgery would have corrected this patient's low back pain. Also, note that records indicate no orthopedic or neurological testing performed by the treating doctor was positive and a 0% impairment was administered, but a designated doctor found her to be impaired at 5% whole person on March 4, 2005.

The change of treating doctors is the point where large amounts of care and surgery began. After surgery, the patient was treated with 24 office visits of active and passive care, but no noticeable change was documented by the providing clinic.

The peer reviews in this case were not contributory. The doctor from Florida, Peter Alongi, DC, determined that no chiropractic care was necessary at any point in time. It is my observation that competent, conservative care will avoid unnecessary surgeries and return the patient to work expediently. Certainly, to proclaim a compensable injury as a normal disease of life lacking a personal examination leads one to a conclusion that the reviewer's credibility is in question.

Dr. Xeller's report was an honest report, but began an argument of compensability. I am only reviewing this case based on medical necessity and will not discuss the compensability issues.

The biggest problem with approving any further care in this case is a lack of results from 24 office visits with extensive care being rendered. The patient was given enormous passive and active care during these visits and still no demonstrable improvement is seen. For this reason, I have determined that the requested services are neither reasonable nor necessary.

SCREENING CRITERIA/TREATMENT GUIDELINES

ACOEM, Good clinical practice and 15 years experience with these cases contributed to this decision.