



November 27, 2006

Re: MDR #: M2 07 0285 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: Ace American Insurance

TREATING DOCTOR: John Sazy, 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 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 November 27, 2006.

Sincerely,

The image shows the handwritten initials 'JC' in a large, bold, black font. The 'J' has a small dot above it, and the 'C' is a simple, slightly stylized capital letter.

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 07 0285 01**

MEDICAL INFORMATION REVIEWED:

1. John Sazy, M.D.
2. Cigna Insurance Company/ESIS
3. Nidek Imaging
4. HealthSouth
5. DNI
6. Charlie Maribeaux, M.D.
7. MedSport Therapy and Rehabilitation, Inc.
8. Mark Durnberger, D.O.
9. Depak Shabda, M.D.
10. Jay Thomas Dilger, M.D.
11. Pedro Nosnik, M.D.

BRIEF CLINICAL HISTORY:

This now 57-year-old female suffered multiple contusion-like injuries on ___ when a panel fell against her. She underwent a lumbar fusion in May 2004. She has had symptoms of chronic neck pain and arm pain for a number of months. An MRI scan performed of her cervical spine on 01/11/05 revealed multilevel degenerative disc disease with no compressive neural compromise.

DISPUTED SERVICES:

Dr. Sazy has requested a repeat MRI scan of the cervical spine.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

Throughout the medical record, there is no indication of objective physical findings that would indicate that any change in neurological status has occurred to justify the repeat of a magnetic resonance imaging study.

SCREENING CRITERIA/TREATMENT GUIDELINES:

See text in Frymoyer's The Adult Spine, Second Edition, and Stark, et al, Magnetic Resonance Imaging. There are indications for the performance of magnetic resonance imaging studies in the face of direct injuries to the cervical spine. Once an imaging study has been performed and a pathologic process has been diagnosed, repeat MRI scans should be performed if clinical circumstances change or if the patient becomes a candidate for surgical procedure and the recent MRI scan is necessary for surgical planning purposes.