



December 15, 2006

Re: MDR #: M2 07 0314 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

TREATING DOCTOR: Todd Raabe, 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 December 15, 2006.

Sincerely,

A stylized handwritten signature consisting of the lowercase letters 'j' and 'c' in a bold, black font. The 'j' has a dot above it, and the 'c' is a simple, rounded shape.

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 07 0314 01**

MEDICAL INFORMATION REVIEWED:

1. DWC assignment and notification of IRO assignment
2. Medical Dispute Resolution Request/Response
3. Table of Disputed Services
4. Texas Mutual Insurance Company denial notifications and appeal denials
5. Notes from Azalea Orthopedics, Dr. Todd Raabe
6. Letter from ____, to whom it may concern regarding this patient's medical dispute
7. Prescription for cervical discography at C2/C3, C3/C4, and C4/C5
8. Cervical spine MRI scan report dated 08/27/05

BRIEF CLINICAL HISTORY:

This patient had a work-related injury to the cervical spine. He previously underwent a C5/C6, C6/C7 anterior cervical discectomy and fusion. He did well for a while and had continued recurrent pain in the neck with some radicular symptoms. Repeat MRI scan showed midline disc protrusion at C3/C4 and mild disc bulge at C4/C5 above his previous fusion. Provocative discography and CT scan were recommended to help correlate with MRI scan findings and see if these discs were responsible for his pain.

DISPUTED SERVICES:

Cervical discography, provocative discography, and CT scan 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 neck pain that has failed conservative measures. The MRI scan shows disc abnormalities, and a cervical discography is indicated for this patient. Cervical discography is indicated for patients who are potential surgical candidates. It helps correlate MRI scan findings and helps elucidate pain generators.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

Texas Medical Foundation Screening Criteria Manual; practical practice parameters.