ZRC MEDICAL RESOLUTIONS INC

November 21, 2006 **FORMER TRACKING #: M2 07 0218 01**

Amended November 7th, 2006

Re: MDR #: M2 07 0415 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: Hartford

TREATING DOCTOR: Jacob Rosenstein, 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.

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

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.

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 21, 2006.

Sincerely,

jc

Jeff Cunningham, DC
President

ZRC MEDICAL RESOLUTIONS INC

REVIEWER'S REPORT
M2 07 0218 01

MEDICAL INFORMATION REVIEWED: Extensive medical records were reviewed, and the following are the main categories:

1. Notification of IRO assignment
2. Medical Dispute Resolution Request/Response
3. Table of Disputed Services
4. SRS denial letters
5. Requestors' records with multiple records from Jacob Rosenstein, M.D.
6. Records from High Point Rehabilitation Institute
7. Letter from Richard Slaughter, Psy.D. regarding dispute resolution from High Point Rehabilitation Institute

BRIEF CLINICAL HISTORY:
The claimant is status post lumbar fusion and has continued low back pain. The patient has attended work conditioning and psychological treatment in the past. However, patient continues to be unable to return to work. Despite multiple attempts at trying to return to work, the patient has decreased sitting tolerance due to low back pain. The patient's treating surgeon has requested a work hardening program.

DISPUTED SERVICES:
Twenty-day work hardening program.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:
The patient's treating surgeon as well as the patient are motivated to allow the patient to return to work. Vocational counseling and other nutritional and psychological counseling has not been attempted, and a multidisciplinary approach may be more beneficial than previous treatments to allow this patient to return to work.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:
ACOEM Guidelines.