

**INDEPENDENT REVIEW INCORPORATED**

January 2, 2007

Re: MDR #: M2 07 0 24 01 Injured Employee: \_\_\_\_  
DWC #: \_\_\_\_\_ DOI: \_\_\_\_\_  
IRO Cert. #: 5055

**TRANSMITTED VIA FAX TO:**

**TDI, Division of Workers' Compensation**  
Medical Dispute Resolution  
Fax: (512) 804-4868

**RESPONDENT: Liberty Mutual**

**TREATING DOCTOR: Jason Eaves, DC**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 office manager of Independent Review, 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 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 participating parties and the TDI, Division of Workers' Compensation. This decision by Independent Review, 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 January 2, 2007.

Sincerely,

Jeff Cunningham, DC  
Office Manager

# INDEPENDENT REVIEW INCORPORATED

## **REVIEWER'S REPORT M2 07 0420 01**

### MEDICAL INFORMATION REVIEWED:

1. DWC Assignment
2. Records of San Antonio Spine and Rehab
3. Liberty Insurance Records
4. URA Records

### BRIEF CLINICAL HISTORY:

This patient was injured on the job with \_\_\_\_\_ when she complained of the smell of gas. The patient's supervisor apparently told her to ignore the gas and shortly afterward there was an explosion and the patient was thrown to the floor, suffering injuries to ribs, left shoulder, both elbows, left knee and apparently the lumbar spine and cervical spine. The patient was treated with active and passive therapies with success, but there was an apparently serious exacerbation to the patient's condition. Reviewers Maury Guzik, DC and Stephen Tomko, DC cited the ACOEM guidelines as the reasons for declining care.

### DISPUTED SERVICES:

12 sessions of PT (97110, G0283, 97140, 97035)

### DECISION:

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

### RATIONALE OR BASIS FOR DECISION:

It is clear that this patient had made good progress under the care of the treating doctor and was under a home exercise program when she was re-injured. I am unaware of anywhere in the ACOEM guidelines or any other literature that disallows a patient's exacerbation. In fact, exacerbations many times may well come from the fact that the patient's supervised therapies were discontinued prematurely. Regardless, it is clear that this patient was being appropriately treated and it is reasonable to put this patient through another round of therapy to avoid further delays in return to work.

### **SCREENING CRITERIA/TREATMENT GUIDELINES**

TCA, Mercy Center guidelines