

## IRO- America - Ziroc

January 17, 2003

TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

Patient:

TWCC #:

MDR Tracking #:

M5-02-2281-01

IRO #:

5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### CLINICAL HISTORY

\_\_\_\_\_ injured his low back in a work injury on 2/\_\_\_/01. He had symptoms of low back pain and pain radiating into his right lower extremity with some numbness in his right toes. He was treated by his treating doctor with spinal manipulation and physical therapy. The doctor stated that objectively the patient made improvement, but subjectively he had not. On 3/17/01, Mr. \_\_\_\_\_ underwent an MRI of the lumbar spine with the findings of anterior disc protrusion L1/L2, and broad-based disc bulge at L4/5 and L5/S1. On 3/20/01, the patient had electrodiagnostic studies of his lower extremity which were normal. Mr. \_\_\_\_\_ also had a report indicating facet blocks on 7/13/01.

## DISPUTED SERVICES

Under dispute are an office visit dated 11/27/01 and a spinal MRI dated 4/14/01.

## DECISION

The reviewer disagrees with the prior adverse determination.

## BASIS FOR THE DECISION

Both the MRI and the office visit were found to be medically necessary in this case. History and objective findings are consistent with a low back injury with radicular symptoms. The treating doctor followed appropriate care in recommending the 11/27/01 office visit and the 4/14/01 MRI. This review utilized the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters and the Texas Workers Compensation Spinal Treatment Guidelines.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham  
President/CEO

CC: Ziroc Medical Director