

**IRO – AMERICA - Ziroc**

January 27, 2004

**Amended January 29, 2004**

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

Patient:

TWCC #:

MDR Tracking #:

M5-04-0727-01

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 reviewer is on the TWCC Approved Doctor List (ADL). 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**

This patient received physical medicine treatments after falling at work on 7/1/02 and injuring her head, cervical spine and lumbar spine.

**DISPUTED SERVICES**

Under dispute is the medical necessity of therapeutic exercises, electrical stimulation, reports, nerve conduction study, myofascial release, sensory each nerve, and H or F reflex study by electrodiagnostic testing, neuromuscular reeducation and office visits provided from 11/26/02 through 7/15/03.

## DECISION

The reviewer agrees with the prior adverse determination.

### BASIS FOR THE DECISION

At first glance, the referenced care might appear to be appropriate for the injuries sustained by the patient. However, a close review of the records indicates that similar physical medicine treatment had been unsuccessfully attempted in the summer of 2002 prior to consulting with Dr. Dudas on 11/26/02. Absent documentation from the doctor indicating why a different result could be expected by repeating similar treatment – or that a materially different result in fact occurred – the referenced care can only be classified as being medically unnecessary.

More importantly, the reviewer could find no documentation whatsoever that chiropractic spinal adjustments were performed at any time. According to the AHCPR guidelines, spinal manipulation was the only recommended treatment that could relieve symptoms, increase function and hasten recovery for patients with low back pain. Based on that, the reviewer fails to understand why a doctor of chiropractic would withhold this recommended treatment while repeating a host of non-recommended therapies.

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