



Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 06-21-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The nerve conduction study, sensory nerve study, somatosensory testing, office visits, therapeutic exercises, myofascial release, joint mobilization, neuromuscular re-education, manual therapy and H or F reflex study were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 21st day of September 2004.

Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 06-19-03 through 01-05-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 21<sup>st</sup> day of September 2004.

, Manager  
Medical Dispute Resolution  
Medical Review Division

Enclosure: IRO decision

IRO –America - Ziroc

August 27, 2004

Amended September 7, 2004

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

Patient:

TWCC #:

MDR Tracking #: M5-04-3589-01

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

Ms.\_\_\_\_ sustained a work-related injury when the chair she was attempting to sit upon moved, causing her to fall to the floor and land on her buttocks. As a result, she experienced immediate severe lower back and neck pain. A bone scan revealed a sacral stress fracture. Later an MRI of the lumbar spine was conducted that revealed multilevel disc herniations to include a 3 mm herniation at L5/S1 that abuts the thecal sac. A subsequent NCV study was done that documented nerve root irritation and partial denervation at L4/5 and L5/S1. Ms. Earl continued to undergo office visits, physical therapy, joint mobilization and therapeutic exercises while a request for a series of epidural steroid injections was submitted for approval. The carrier subsequently denied this treatment, even though the designated doctor concurred with this recommendation.

#### DISPUTED SERVICES

Under dispute is the medical necessity of items listed under the following codes: 95900-27, 95904-27, 95927-27, 99213, 97110, 97250, 97265, 97112, 97140, and 99212 and H or F reflex study.

#### DECISION

The reviewer disagrees with the prior adverse determination.

## BASIS FOR THE DECISION

Upon review of this patient's record, conservative care was rendered to Ms.\_\_\_\_ in the form of office visits, myofascial release, therapeutic exercises, joint mobilization, neuromuscular reeducation and manual therapy. These were utilized to bring this case to a successful conclusion. All services and activities were properly documented and include subjective as well as objective notations in response to the treatment. This treatment was reasonable and necessary as it was designed to increase function and relieve symptoms so the patient could return to gainful employment. The TWCC Medicine Ground Rules state on page 31, 1(A)2 that the treatment in question should be specific to the injury and provide potential improvement of the patient's condition. The treatments were medically necessary as they intended to "cure or relieve" the symptoms resulting from the compensable injury as outlined in the Teas Workers' Act, section 401.001 (31) and should be paid according to the Medical Fee Guideline. Additionally, the nerve conduction study performed on this patient was reasonable and necessary to further diagnose the condition, so that other treatment recommendations could be made and carried out. The nerve conduction study was also medically necessary.

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