

MDR Tracking Number: M5-04-3670-01

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 6-21-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Zanaflex, Daypro, Talacen, Ambient, Lortab and Soma from 4-10-04 through 4-14-04 was not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 4-10-04 through 4-14-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision and Order is hereby issued this 29th day of December, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division  
DA/da

Enclosure: IRO decision

September 23, 2004

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

Patient:  
TWCC #:  
MDR Tracking #: M5-04-3670-01  
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 Osteopathy board certified in anesthesiology and specialized in chronic pain management. 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.

#### RECORDS REVIEWED

Records reviewed include correspondence (2004), office notes (1992-2000), physical therapy notes (1992), pharmacy statements, MRI report (1999), RME (2002 & 2004) and impairment rating (1993).

#### CLINICAL HISTORY

\_\_\_ reported thoracic/lumbar injury resulting from his \_\_\_ work-related accident. Conservative therapies were applied with no substantial improvement in his disposition. Objective findings early in this case failed to reveal spinal pathology consistent with the reported complaints. Medical therapy was continued for many years without indication of functional improvement, details of the side effects or regular outlines of the degree of symptom reduction. This patient had continued disability since the initial incident of \_\_\_.

#### DISPUTED SERVICES

Under dispute is the medical necessity of Zanaflex, Daypro, Talacen, ambient, Lortab and soma from 04/10/04 through 04/14/04.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

To find continued medical therapy for twelve years reasonable and necessary, criteria must be met. First, objective evidence should suggest spinal pathology consistent with complete disability. That was not demonstrated in this case. Further, as printed out by Dr. Laverne, for chronic medical therapy to be considered reasonable several points should be evaluated and documented regularly, particularly the efficacy of the treatment regime should be discussed. V.A.S. or similar tools should be employed to demonstrate the same. Side effects profiles and functional improvement should be documented to address to what degree therapeutic goals are met. None of those issues appear to have been addressed in this case. The Ziroc reviewer cannot find the disputed medical therapy reasonable or necessary with no significant documented improvement.

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