

MDR Tracking Number: M5-05-0267-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 9-17-04.

The IRO reviewed office visits, manual therapy, hot/cold packs, modalities, and therapeutic procedures.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. The IRO determined that the office visits, manual therapy, hot/cold packs, modalities, and therapeutic procedures were medically necessary from 9-24-03 through 1-29-04. The IRO agreed with the previous adverse determination that the office visits, manual therapy, hot/cold packs, modalities, and therapeutic procedures after 1-29-04 were not medically necessary. 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.

The above Findings and Decision is hereby issued this 1st day of February 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

ORDER

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 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);
- 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 9-24-03 through 1-29-04 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 1st day of February 2005.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO Decision

Z iro C

A Division of ZRC Services, Inc.

7626 Parkview Circle

Austin, Texas 78731

Phone: 512-346-5040

Fax: 512-692-2924

March 1, 2005

November 15, 2004

REVISED REPORT

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

Patient:

TWCC #:

MDR Tracking #:

IRO #:

M5-05-0267-01

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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

The documentation presented states the patient sustained a work-related injury on _____. The patient appears to have injured her low back in a slip and fall injury at her place of work. The records reflect the patient did undergo treatment with Dr. Silver from 07/09/99 – 05/22/02 with an extensive amount of chiropractic and physical therapy modalities. The patient then sought care with Dr. Guajardo where more physical therapy modalities were administered, and the patient appears to have also undergone a pain program. The records reflect the patient did finally undergo surgical repair of the low back on 05/28/03 in the form of a one-level laminectomy/discectomy at the L4/5 level. The records reflect two lumbar MRIs taken on 05/12/00 and 01/02/04. The documentation provided displays medical documentation from Dr. Silver, Dr. Guajardo, Dr. Pervez and Dr. Lowery. There is also documentation from peer review doctors associated with the carrier and a letter from the carrier's attorney.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, manual therapy, hot/cold packs, modalities, therapeutic procedures from 9/15/03 through 09/24/03.

DECISION

The reviewer disagrees with the prior adverse determination regarding disputed dates of service 9/15/03 through 09/24/03.

Treatment after 01/29/04 does not appear to have been medically necessary.

BASIS FOR THE DECISION

Current studies out of Madigan Medical Center, Vanderbilt University, Orthopedic Technology and the North American Spine Society research department all concur that this type of condition warrants up to four months of care. The normal time frame for post operative care for a one-level laminectomy/discectomy would be six to eight weeks, then progressing this patient to a home program. But based on the pathology notes in this patient's diagnostics related to the current research out on chronic low back pain associated with a failed back surgery or just chronic low back pain associated with discogenic pain, up to four months would be warranted. The 01/20/04 date also displays a time when the treatment appears to have stagnated and displayed no further objective or subjective change within this patient's condition.

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,

Roger G. Brown, PhD
Chairman and CEO

RGB/dd