

MDR Tracking No.: M5-05-0425-01

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 9-30-04.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 9-22-03 through 9-26-03.

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 services from 9-29-03 through 3-18-04 were 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 9-22-03 through 3-18-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this \_\_3rd\_\_ day of February, 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

Enclosure: IRO decision

# Z iro C

**A Division of ZRC Services, Inc.**  
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## AMENDED DECISION

April 26, 2005  
**February 24, 2005**  
November 29, 2004

TWCC Medical Dispute Resolution  
FAX (512) 804-4868

## REVISED REPORT Corrected dates in dispute

Patient: \_\_\_\_\_  
TWCC #: \_\_\_\_\_  
MDR Tracking #: M5-05-0425-01  
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. 0

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.

## RECORDS REVIEWED

Records reviewed included office notes and records of Ghada Koulsi, D.C. from 09/22/03 to 03/18/04.

## CLINICAL HISTORY

Ms. \_\_\_ is a 5'2", 192 lb., 59-year-old black female school bus driver for \_\_\_\_\_. On \_\_\_ she was the restrained driver of a school bus that was broad sided on the right front. I have no documentation of the police being called or a report filed. There is no report of any initial injuries. Four days later she presented to Dr. Koudsi's office with chief complaints of headaches, neck pain, left shoulder pain, low back pain. She denied any prior, similar or pre-existing conditions. Her initial exam was minimal at best with no real clinically significant findings. Diagnostic impressions were: "1. Cervical sprain and strain. Cervical radicular component present rule out cervical IVD syndrome. 2. Left shoulder sprain and strain. 3. Lumbar sprain and strain rule out lumbar IVD syndrome. 4. Post-traumatic headaches related to cervical sprain." A cervical MRI dated 09/23/03 showed impressions of, "1. Two millimeter posterior bulging of the annulus fibrosis at the C4-5 level. 2. Two millimeter generalized bulging of the annulus fibrosis at the C5-6 level with narrowing of the right neural foramen at this level." A lumbar MRI dated 11-3-03 showed impressions of, "1. Three-millimeter posterior herniation of the nucleus pulposus at the L1-2 level with encroachment on the thecal sac. 2. Desiccation in the L2-3 and L3-4 intervertebral discs, but no evidence of posterior disc herniation. 3. Intramural fibroids in the uterus." Normal EDX testing of the upper extremities 10-2-03 and lower extremities on 11-6-03. Only a 6 beat variation of heartbeat noted on the FCE indicating poor effort. A litany of passive modalities were administered at each visit and continued until the end of care. Some had the same physiological effect (heat). Active care was initiated on 09/26/03.

## DISPUTED SERVICES

Under dispute is the medical necessity of physical medicine services from **09/29/03** through 03/18/04.

## DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

Documentation does not establish medical necessity of on going care. The treating doctor fails to document significant improvement (> or = 50%) within the first four weeks. No baseline outcomes are noted. No subsequent outcomes were noted. There was an outdated Oswestry administered on 09/22/03 that was incorrectly referred to as a pain profile. Oswestry is a disability profile, not a pain profile. This was useless, as there was no initial evaluation. Even if one was to use their calculation it still shows a severe disability after four weeks of care, indicating a lack of efficacy for current treatment plan. Office notes were by and large illegible with little to no objective evidence. Assessment has either "fair" or "good," and fair was always circled. The plan was a circling of passive modalities. The records are felt to be below the standard of care and inappropriate coding was used. The first re-evaluation on this patient was not until 11/19/03. In order to establish efficacy of care, acute patients should be re-evaluated every two weeks and chronic every four weeks.

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.

Sincerely,

Roger G. Brown, Ph.D.  
Chairman/CEO

RGB:thh