

MDR Tracking Number: M5-05-0456-01

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 (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 October 1, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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 prescription medications from 07-29-04 through 08-12-04 **were found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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) to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 07-29-04 through 08-12-04 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 3rd day of December 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Enclosure: IRO decision

November 17, 2004

David Martinez
TWCC Medical Dispute Resolution
MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

Patient:

TWCC #:

MDR Tracking #:

IRO #:

M5-05-0456-01

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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 proposed care 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

Items available for review included the table of disputed services; brief of dispute; correspondence, E. Gipton, M.D., 2004; Notes, F. Mahmud M.D., 1998; Operative report and correspondence, C. Schrontz, M.D.; Impairment rating 2000; evaluation, procedure reports, O. Calvillo, M.D., 2001; Correspondence, D. Swanson; Time line; evaluation and correspondence, C. Schrontz, M.D.; CT report, G. Scott, M.D.; correspondence, R. Talbert, M.D.; MMI/impairment rating, C. Clark, M. D.; correspondence, S. Esses, M.D.; CT report, Cl Jones, M.D.; Ruling, B. Owens, S. Taylor; correspondence, D. Crain, D.O.; Correspondence, D. Hausenfluck; Evaluation/review, A Combs, M.D.; office notes, BWB:EBG; evaluation, K. Garges, M.D.; evaluation, correspondence, D. Koyyalagynta M.D., L Peterman M.D. M. Cabab, M.D. Case review, L. Nanmias, M.D.; case review, U. Gulladalli, M.D.

CLINICAL HISTORY

This patient suffered a work-related lumbar injury in _____. She has had interventional pain procedures, lumbar surgery, chronic medical therapy and psychotherapy for her continued pain complaints. The necessity of prescription medication from 07/29/04 – 08/12/04 is the subject of this review.

DISPUTED SERVICES

Under dispute is the medical necessity of prescription medication from 07/29/04 – 08/12/04.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Psychiatric issues complicating chronic pain cases are not uncommon. This patient appears to have developed a chronic pain syndrome. Such cases routinely require ongoing medical and psychiatric management.

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