IRO – AMERICA - Ziroc

December 7, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-05-0469-01
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 X board certified and specialized in X. 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

1. Notification of IRO Assignment, Table of Disputed Services, Carrier EOBs
2. Treating doctor's statement of position, including copies of various research studies, dated 08/26/04
3. Copies of carrier peer reviews, dated 08/27/03 and 11/24/03
4. Treating doctor daily notes, examination notes, exercise sheets, disability notes, TWCC-73s and activity of daily living assessments, multiple dates
5. Employer's First Report of Injury or Illness, dated 06/30/03
6. Lumbar x-ray reports dated 06/19/03, 07/24/03, and 07/25/03
7. Lumbar MRI report, dated 07/02/03
8. Consultation report from orthopedic surgeon dated 07/18/03
9. MMI narrative report from treating doctor, dated 10/24/03
10. Designated doctor IR examination and report, dated 12/20/03
11. EMG/NCV report dated 12/20/03
12. Letter of referral to orthopedist for medication dated 01/27/04 and to a pain management specialist, dated 02/04/04
13. Narrative SOAP notes from orthopedic visit, dated 02/02/04

14. Notice of Intent to Issue Adverse Utilization Review Determination from carrier regarding bilateral facet injections x2 at L4-S1 with fluoroscopy, dated 03/26/04
15. Authorization letters from carrier for one (1) bilateral facet injection, dated 03/29/04, 04/12/04, and 05/13/04, and for pulsed L4-S1 RFTC right side then left side, dated 08/23/04

CLINICAL HISTORY

Patient is a 31-year-old female veterinary technician who, on 06/__/03, leaned over a table when to get a cat when she felt shooting pains down her right leg and back. She presented right away to a doctor or chiropractic who began conservative treatment, including physical therapy, exercise and rehabilitation. An MRI performed about 2 weeks later revealed a disc herniation at L5-S1 with abutment of the right S1 nerve root and thecal sac. She returned to work with limitations in August, sustained two aggravations which increased the frequency of her care temporarily, and she was eventually deemed MMI by a TWCC designated doctor on 12/20/03 with a 10% whole-person impairment. Thereafter, she was referred to medical doctors for medication management and eventual injections in treatment of her chronic pain.

DISPUTED SERVICES

Office visits (99213 and 99214), chiropractic manipulative therapy (98940 and 98941), special reports (99080), therapeutic exercises (97110), and massage therapy (97124) for dates of service 10/06/03 through 01/14/04.

DECISION

The reviewer disagrees with the prior adverse determination regarding all items in dispute except regarding chiropractic manipulative therapy service (98941).

BASIS FOR THE DECISION

First of all in this case, the medical records submitted adequately established that a compensable injury to the lower back occurred and that the care rendered met the statutory requirements[1] since the patient obtained relief, promotion of recovery was accomplished and there was an enhancement of the employee's ability to return to or retain employment. Therefore, the most all of the physical medicine treatments rendered in this case were medically necessary.

However, in terms of the higher-level chiropractic manipulative therapy service (98941) as described in CPT [2], the documentation submitted failed to justify the medical necessity of rendering 3-4 areas of spinal manipulation. As a result, these services were denied.

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[1] Texas Labor Code 408.021
[2] *CPT 2004: Physician's Current Procedural Terminology, Fourth Edition, Revised*. (American Medical Association, Chicago, IL 1999),

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