

March 25, 2003

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

Patient:

TWCC #:

MDR Tracking #:

IRO #:

M2-03-0588-01

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 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 Medical Doctor with a specialty and board certification in Neurological Surgery. 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

Mr ___ is a 38 year-old male who sustained injury to his lower back nearly two and one-half years ago on ___. The records are brief, but they indicate that Dr. Sazy, a spine surgeon, has evaluated the patient and he feels that the patient is a surgical candidate for interbody fusion and disc removal at L4/5 and L5/S1. He indicates that the patient has exhausted all conservative treatment measures and has not improved and that surgery is indicated. In the diagnostic studies that have been obtained, a myelogram CT scan is included that demonstrates the pathology clearly at L4/5 and L5/S1. Also, a MRI study has demonstrated disc herniation and disc and disc pathology at L4/5 and L5/S1 with normal L4/5 and L5/S1 L3/4 interspace. Dr Sazy has decided that he needs an L4/5 interbody fusion and also L5/S1 interbody fusion. This would certainly go along with the medical records that have been submitted. Dr. Sazy has also requested a three-level lumbar discogram to be done because he states that if a second opinion is required, that

the consulting second opinion surgeon will usually want to have a discogram. He indicated that he is ordering the discogram and requesting it for that reason, though he does not need the discogram to decide what needs to be done in the patient's spine.

The carrier has not approved the discogram because the carrier feels that it is not needed.

REQUESTED SERVICE

A lumbar discogram with CT is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

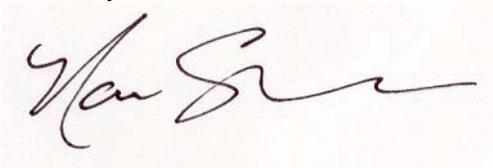
The reviewer agrees with the carrier that the three-level discogram with CT scan is not a necessary procedure. It is being requested on the assumption that a second opinion surgeon, if one is required, may desire to have a discogram before he gives his opinion on the second opinion surgery. The reviewer finds that this procedure is not medically necessary. This invasive procedure, which carries some hazards, should not be done unless there is a clear medical need for this procedure for diagnosis and for determination of medical treatment.

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 by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

A handwritten signature in black ink on a light-colored background. The signature is cursive and appears to read "Nan Cunningham".

Nan Cunningham
President/CEO

YOUR RIGHT TO REQUEST A HEARING

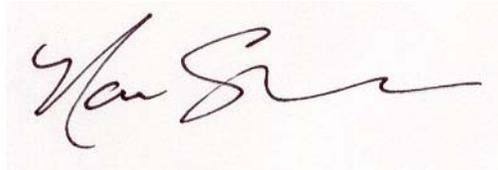
Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

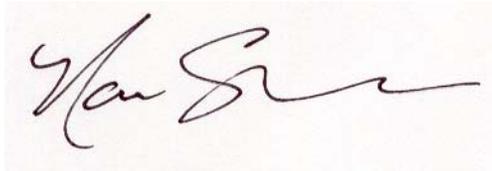
This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).



Nan Cunningham
President/CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 25th day of March, 2003.



Signature of Ziroc Representative:

Name of Ziroc Representative: Nan Cunningham