

# IRO America Inc.

## An Independent Review Organization

(IRO America Inc. was formerly known as ZRC Services Inc. DBA ZiroC)

**7626 Parkview Circle**

**Austin, TX 78731**

Phone: 512-346-5040

Fax: 512-692-2924

August 31, 2005

\_\_\_\_\_  
TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: \_\_\_\_\_

TWCC #: \_\_\_\_\_

MDR Tracking #: M2-05-1921-01

IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Chiropractic care. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who 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 IRO America 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

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including notes from Phil Bohart LPC, evaluation form Donald Dutra MD, PPE dated 3/16/2005, behavioral medicine evaluation from Phil Bohart LPC, NCV/EMG from Donald Dutra MD, operative report dated 12/14/2004 from St. Jude's Ambulatory Surgical Center, notes from S. Ali Mohammed MD (Orthopedic Pain Management), treatment notes from Gilbert Gonzalez DC.

### CLINICAL HISTORY

The patient stated that he was injured on the job on \_\_\_\_\_. He injured his low back while changing a large trailer tire and the trailer tire fell on him. He used his arms to hold it and get it away from him and at that moment he immediately felt a warm feeling in his low back, and radiating pain down his leg, later on.

### **DISPUTED SERVICE(S)**

Under dispute is the prospective and/or concurrent medical necessity of Pain Management 5x week x 2 weeks.

### **DETERMINATION/DECISION**

The Reviewer agrees with the determination of the insurance carrier.

### **RATIONALE/BASIS FOR THE DECISION**

The time frame in which the disputed service was performed, and the date of injury, appear to be protracted and conflicts with the *Texas Workers' Compensation Commission Spinal Treatment Guideline §134.1001* and the *Texas Guidelines for Quality Assurance and Practice Parameters*. Work Hardening is utilized to safely re-enter the patient back into the workforce at their previous job level, which should be the final phase of care. Work Hardening addresses the psychological component as well. Pain Management would not be reasonable or necessary without any positive outcome assessment. Peer reviews also agree that these services are not warranted and have no positive treatment outcome.

### **Screening Criteria**

1. Specific:

Texas Workers' Compensation Commission Spinal Treatment Guideline §134.1001  
Texas Guidelines for Quality Assurance and Practice Parameters

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

### **CERTIFICATION BY OFFICER**

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,  
**IRO America Inc.**

Dr. Roger Glenn Brown  
**President & Chief Resolutions Officer**

Cc: \_\_\_\_\_

Phil Bohart/Buena Vista Workskills  
James Odom  
Fax 214-692-6670

Protective Insurance Co./Crawford & Co  
Carmen Estrada  
Fax 512-454-5110

Gilbert Gonzales, D.C.  
Fax 210-541-8964

**YOUR RIGHT TO REQUEST A HEARING**

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

**If disputing a spinal surgery prospective decision,** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions,** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744  
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Name/signature

**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 31<sup>st</sup> day of August, 2005.**

**Name and Signature of Ziroc Representative: Sincerely,  
IRO America Inc.**

Dr. Roger Glenn Brown  
**President & Chief Resolutions Officer**