

Z iro C

A Division of ZRC Services, Inc.

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Austin, Texas 78731

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April 5, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-0726-01

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 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 board certified in Neurology with added qualifications in Pain Management, and Board Certified by the American Board of 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

1. Notification of IRO Assignment
2. Documentation provided by requestor
3. Documentation provided by respondent
4. Independent Medical Evaluations

CLINICAL HISTORY

This patient sustained a work-related injury on ___ that has resulted in a chronic low back and lower extremity pain condition, which has been persistent despite multiple treatment attempts including physical rehabilitation, the use of a variety of medications, and some

counseling/therapy. Because of continued significant pain symptoms and psychological/emotional consequences, a chronic pain management program has been requested.

REQUESTED SERVICE

Thirty sessions of a chronic pain management program is requested for this patient.

DECISION

The reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

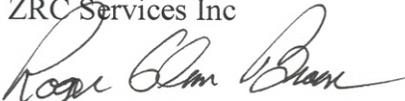
It appears that the pain program had been denied in the past due to “failure to demonstrate progression toward goals” by this patient with the treatment already provided. I feel that this is precisely the reason why this claimant may be a candidate for a chronic pain program that would be accepted to treat this patient in a multidisciplinary fashion, addressing not only the physical symptoms of pain as well as ongoing physical therapy and rehabilitation, but can also adjust medications as necessary and provide psychological support, as well. I do feel that such a program would be reasonable and appropriate for this patient at this time.

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,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

RGB:dd

cc:
Innovative Rehab
Attn: Rita S.
Fax: 817-391-0136

Federal Insurance Co
Attn: Robert Josey
512-346-2539

James Beyer, DCFax:
512-346-2539

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

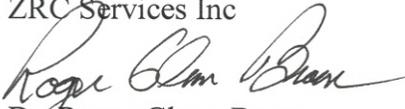
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 5th day of April, 2005.

Signature of Ziroc Representative:
Name of Ziroc Representative:

Sincerely,
ZRC Services Inc


Dr. Roger Glenn Brown
Chairman & CEO