

Z iro C

A Division of ZRC Services, Inc.

7626 Parkview Circle

Austin, Texas 78731

Phone: 512-346-5040

Fax: 512-692-2924

Amended April 14, 2005

April 6, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-0977-01

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 and specialized in Neurology and 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.

CLINICAL HISTORY

This claimant sustained a work-related injury when she slipped on a slippery floor and suffered injury to the right knee. She has had pain located to the right knee, and has had extensive evaluation and treatment, including, but not necessarily limited to, physical therapy, injections, medications, as well as surgery, and individual counseling. Unfortunately, this claimant continues to suffer from significant pain as well as psychological consequences for this chronic

pain, including anxiety and depression, which was not felt to have been present prior to her injury.

REQUESTED SERVICE

Chronic behavioral pain management program for 10 sessions is requested for this patient.

DECISION

The reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

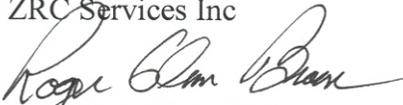
Upon review of records and the treatment results so far, it is clear this claimant continues to suffer from a significant amount of pain as well as emotional/psychological consequences of the chronic pain. I do agree that this claimant would be a good candidate for a multi-disciplinary chronic pain program, which may address multiple facets of this claimant's presentation, including the physical pain as well as ongoing rehabilitation, in addition to psychological support and treatment if necessary. Medication adjustments can also be made, all of which can be done in a coordinated manner within such a program. It appears that the claimant has exhausted nearly all other forms of treatment, without satisfactory outcome thus far.

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: Advantage Healthcare Systems
Attn: Nick Kempisty
Fax: 214-943-9407

Zurich American Insurance Co
c/o F.O.L.
Attn: Katie Foster
Fax: 512-867-1733

Nicholas Galloway, DC
Fax: 214-943-9407

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

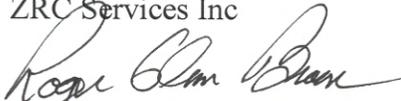
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 6th day of April 2005.

Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

Name of Ziroc Representative: