

Z iro C

A Division of ZRC Services, Inc.

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May 27, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #: M2-05-1010-01

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 provider board certified and specialized in chiropractic and chronic pain. 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

Notification of IRO Assignment; information provided by the Requestor including Correspondence, examination reports, physical therapy notes, MRI reports, radiology reports, FCE report, electro-diagnostic reports, neuropsychological evaluation and treatment notes, chronic pain management program treatment notes; and information provided by Respondent including Correspondence, IME report, psycho-diagnostic interview, impairment rating, denial of pre-authorization request.

CLINICAL HISTORY

The records indicate the patient was injured on the job on ____ while unloading auto parts. An auto starter fell on her head causing her injuries. The Patient was seen for her injuries and a treatment program was begun.

REQUESTED SERVICE

Chronic pain management program, additional 20 sessions.

DECISION

The Reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

The Patient was initially evaluated and an aggressive treatment program was begun. Over the course of treatment referrals were made and diagnostic testing confirmed the significance of her injuries. In addition to the physical injuries, the Patient suffered from psychological problems including depression and moderate anxiety as a direct result of her on the job injury. There is documentation in her neuropsychological evaluation and testing confirming her disorders. The Patient received chiropractic care, physical therapy, medication, injection therapy and individual counseling sessions. Due to continued physical and psychological problems, the treating doctor requested and received a pre-authorization for 10 sessions of chronic pain program. During the first 10 sessions, pre-authorization for an additional 20 sessions was requested, denied, appealed and once again denied. The records indicate the Patient has developed a chronic pain syndrome.

Screening Criteria

National treatment guidelines, including the American Academy of Physical Medicine and Rehabilitation Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome allow for this type of treatment in injuries of this nature. The Patient met the criteria for an initial 10 sessions. Sufficient clinical progress was made in the initial 10 sessions to warrant a continuation of the program for an additional 20 sessions.

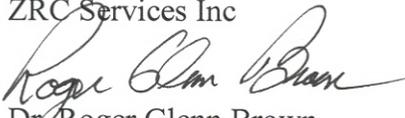
CERTIFICATION BY OFFICER

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 or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

Cc: Patricia McBride Houtz
L. Kinney
Fax 817-451-0091

Sentry Insurance
Wisteria Hutcheson
Fax 512-346-2539

Wesley Hay, DC
Fax 214-370-9880

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

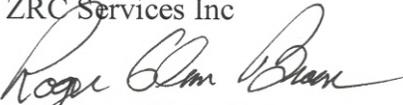
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 27th day of May, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO