

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-5534.M2**

**Z iro C**

**A Division of ZRC Services, Inc.**

**7626 Parkview Circle**

**Austin, Texas 78731**

Phone: 512-346-5040

Fax: 512-692-2924

April 6, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1035-01

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 orthopedic surgery. 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**

Records from the Respondent

Gary Heath, MD 12-06-04

James Hood, MD 3-14-05

## **CLINICAL HISTORY**

Dr. Gary Heath's note of 12-06-04 records a history of an OTJ in \_\_\_\_ . He states that she injured her right knee as well as her lower back. Her back and L4 symptoms have been treated with epidural steroid injections ever since the injury \_\_\_\_ . He refers to an MRI (no date) which showed degenerative disc changes at L45 and L5S1 as well as a centralized disc bulge at L5S1 with a "suggestion of a disc herniation at L45 on the left." The patient has complaints pain following an L4 distribution bilaterally. He requests an ESI for treatment of L4 radiculopathy bilaterally, the left L4 radiculopathy being related to the original injury, the right L4 radiculopathy being caused by subsequent degenerative changes at the L45 level caused by the injury of \_\_\_\_ .

Dr. James Hood's report of 10-14-05 states that this 73 year old sustained an OTJ on \_\_\_\_ when she was pushed down by some children. She sustained an injury to her right knee. A right knee MRI was obtained on 3-3-95 which revealed meniscal tears. A note on 3-31-95 records complaints of numbness in the anterolateral right thigh felt to be meralgia paresthetica. There were no complaints of back pain. In May 1995 she underwent surgery of her right knee. Postop, she had complaints of low back pain. A lumbar MRI obtained 8-95 revealed degenerative disc changes but no nerve root compression. Dr. Hood concluded that on \_\_\_\_ the patient sustained a right knee injury but not an injury to her lower back. He also stated that treatment of low back, right radicular, and left knee symptoms was unrelated to her compensable injury of \_\_\_\_ .

## **REQUESTED SERVICE**

Lumbar ESI at L45 is requested for this patient.

## **DECISION**

The reviewer agrees with the determination of the insurance carrier.

## **BASIS FOR THE DECISION**

The pre-auth denial states, "evidence-based reviews of the medical literature do not support any prolonged effectiveness of lumbar ESI's in improving back pain. Furthermore, it is not medically reasonable to assume the right sided complaints are due to changes from an injury more than 10 years ago."

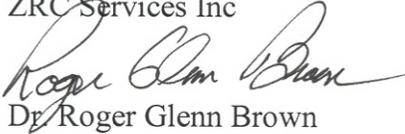
Dr. Hood's documentation of the lack of back and L4 radicular symptoms for several months after the injury means that there is no causal relationship between the injury of \_\_\_\_ and the onset of nerve symptoms in the right thigh. Neither Dr. Hood's description of an MRI of 8-95, nor Dr. Heath's description of the imaging in his report accounts for her bilateral L4 symptoms. Therefore, there is no temporal relationship or anatomical lesion which establishes a causal relationship of the patient's leg symptoms to her injury of \_\_\_\_ .

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: TPS Joint Self Insurance Funds  
c/o Harris & Harris  
Attn: Wisteria Hutcheson  
Fax: 512-346-2539

Robert Stricko, DC  
Email: bmwrob@earthlink.net

#### **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

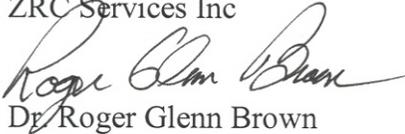
**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 6<sup>th</sup> day of April 2005.**

**Signature of Ziroc Representative:**

**Name of Ziroc Representative:**

Sincerely,

ZRC Services Inc

A handwritten signature in cursive script, appearing to read "Roger Glenn Brown".

Dr. Roger Glenn Brown  
Chairman & CEO