

# Z iro C

A Division of ZRC Services, Inc.

7626 Parkview Circle

Austin, Texas 78731

Phone: 512-346-5040

Fax: 512-692-2924

April 11, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1067-01

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**

CorVel denial letters 2-2-05 X 2, 2-7-05

Jacob Rosenstein, MD 1-17-05, 2-2-05, 2-3-05, 2-28-05

RME Dr. Brock 1-5-05

Dr. Peter Foon, 2-13-04

David Graybill, DO

Anil Bangale, MD

Dr. Gurkoff, DO

Central Imaging MRI report 1-7-03

## **CLINICAL HISTORY**

1-2-03, Dr. Gurkoff documents radiculopathy likely due to a herniated disc L5S1 right. Central Imaging MRI report 1-7-03 states findings of L45 annular tear and L5S1 right disc herniation mildly indenting the sac. Facet changes as well. 7-1-03, Dr. Gurkoff, DO does not feel the pt is at MMI and diagnosis a large herniated disc. RME Dr. Anil Bangale 9-11-03, establishes MMI, but says it's up to the patient to decide whether he wants to have surgery in the future. He also recommends another EMG. 9-26-03, Dr. Graybill finds resolution of lumbar radiculopathy and recommends job retraining and PT. Peer reviewer, Dr. Peter Fook saw the pt 2-13-04. He documented no radiculopathies and recommended no further treatment. RME Dr. Brock, 1-5-05. He notes an MRI (undocumented date) which showed an L45 annular tear and asymmetrical bulge along with a central and right sided disc herniation at L5S1. Further, he documents complaints of numbness. ESI's helped. MMI was established by a DD in 9-11-03, but the pt continued to have LBP that required treatment. The patient complained of mechanical LBP and bilateral numbness into the calves and soles of feet. VAS 9/10. PE, pt in wheelchair, atrophy right quad, bilateral gluteal atrophy, decreased right ankle jerk, decreased right S1 sensation. His diagnosis includes radiculopathy right L4, 5 and S1 as well as severe chronic LBP. These diagnoses are related to the OTJ of 11-25-02. Further, he recommends a neurosurgical consult and EMG test. "The patient clinically does have findings which do objectively support the diagnosis of radiculopathy." Dr. Rosenstein's note of 1-17-05 documents that Mr. Mare sustains an OTJ on 11-25-02 lifting a heavy load. He had an MRI, PT, and ESI's. Pt has a flare of pain and complains of severe (VAS score 5-9/10) LBP that is activity related, along with radiating buttock and leg pain and numbness radiating into the feet. No GI/GU. PE is remarkable for weakness with heel walk, decreased sensation dorsum right foot, absent AJ's, decreased spine ROM. SLR caused back pain. No symptom magnification is mentioned. An MRI 1-7-03 shows diminished signal at L45 and L5S1 but is of very low resolution (the patient is 250 lbs). He requests a CT and EMG test and prescribes hydrocodone for pain. 1-17-05, Dr. Rosenstein, a neurosurgeon sees the pt. Dr. Rosenstein writes a letter of appeal concerning his request for the CT and the EMG because the patient's condition of back and bilateral leg pain is worsening on 2-2-05. "(the pt) has a fairly severe radiculopathy". Failed treatment has included ESI's and PT. CorVel states the patient is trying to change treating doctors. CorVel letter 2-03-05 finds "no evidence of radiculopathy." On the next visit 2-28-05 the patient has bilateral leg pain which is described as anterior and lateral things to the toes. A Medical Dispute Resolution hearing has already been requested because of the denial. Facet blocks are requested and then denied. Dr. Rosenstein documents "marked signs of lumbar facet irritation" on PE.

## **REQUESTED SERVICE**

Lumbar CT scan at L1-S1 and EMG/NCV bilateral lower extremities is requested for this patient.

## **DECISION**

The reviewer disagrees with the determination of the insurance carrier.

## **BASIS FOR THE DECISION**

On 2-2-05, CorVel denied request of David Graybill, DO for 1. a CT scan because Dr. CorVel stated that the MRI was a superior test for analyzing disc anatomy, annular tears, etc, 2. CorVel denied the request of David Graybill DO for an EMG/NCV because there is no documented radiculopathy; the EMG test is "seldom definitive", and 3. instead recommended a spine surgical consult and an MRI.

My responses correspond to each of these reasons as follows: 1. though the neurosurgeon did not state his rationale for requesting the CT over the MRI, there are two reasons which come to mind.

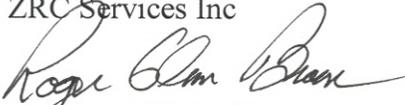
First, the resolution of the MRI was of inadequate quality; therefore, it is reasonable that the CT technology might have been better for this large patient. Second, a surgeon who is planning an operation may simply have a better feel for one imaging test over another in an individual situation. This is a nuance which only a surgeon has a feel for. I find the reviewer's generality about the superiority of MRI scans not applicable in every case. The surgeon must use whatever test will give him the best information. 2. Multiple providers have documented a radiculopathy of this patient (see clinical summary) which makes the request for an EMG reasonable. 3. This patient has already had a neurosurgical consult. This physician prefers a CT to the MRI.

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: Jacob Rosenstein  
Attn: Cheryl  
Fax: 817-465-2775

Association Casualty Ins.  
Attn: Robert Josey  
Fax: 512-346-2539

David Graybill, DO  
Fax: 817-478-7628

## 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

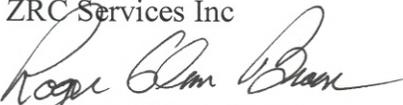
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 11<sup>th</sup> day of April, 2005.**

**Name and Signature of Ziroc Representative:**

Sincerely,  
ZRC Services Inc



Dr. Roger Glenn Brown  
Chairman & CEO