

Z iro C

A Division of ZRC Services, Inc.

7626 Parkview Circle

Austin, Texas 78731

Phone: 512-346-5040

Fax: 512-692-2924

June 28, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1097-01

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 MD 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

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor including: CT report Dr. Paul Vaughan, Denial letter advisor Dr. C. Fossier, Letter of appeal Dr. Esquibel, Denial letter Dr. Carlson.

CLINICAL HISTORY

DOI ___ twisted on ladder nearly fell. Diabetic.

3-20-01 RME Dr. Esquibel, DC MMI 14%

9-24-01 MRI: 45 bulge, facets 51, 45 and 34;

5-20-02 MMI 14%

5-21-02 Dr. P Saadi: recs fusion

6-13-02 Myelo/CT report: spondylo 45, poor filling L4 and L5 NRs bilat

7-11-02 Dr. Paul Vaughan: mlbp, left leg to ankle and foot. Failed EDIs, PT, oxycontin. PE decrom, + fst left, dec left KJ, slip 45. Rec weight rdxn. Degen spondylo.
9-10-02 MRI mod st 34, 45, slip 45 facets 34/45/51, foram st 34/45/51
10-11-02 DD, Dr. S Becker: EMG L5 radic
10-24-02 V recs fusion 45. Spondylo unstable. Failed PMP
11-20-02 Surgery #1 360 fusion L45
1-15-03 Dr. Buch: probable seroma possible infection. Observe.
9-25-03 EMG report: old right L5 radic, no acute changes
9-26-03 Myelo/CT report: postop changes, **NO MENTION OF L4-5 FORAM STENOSIS**, facets 3-4 and 5-1
10-7-03 V Myelo: no problems, NI EMG. Recs hardware removal, no rationale.
12-9-03 V appears to have solid fusion on XR. Plans hardware removal, why?
12-18-03 V: recs hardware removal. ? rationale
1-19-04 Surgery #2 Op report, Dr. Vaughan: hardware removal and fusion exploration. Solid fusion.
4-5-04 DD Dr. J Steele, MD: not reached MMI, recs PT, work hardening, definitive imaging R/O pseudo. Recent CT possible pseudarthrosis. Has low back and **leg pain**
4-27-04 FCE: not yet capable of med work. Rec psych, pain management. Waddell X 2.
4-29-04 **RME Dr. J Steele**: not at MMI. **Recs myelo/CT Myelo is most reliable test. Pt unable to work.**
5-13-04 V says fusion is solid, RTW light duty.
6-1-04 Work Hardening. Some psych issues, sit depression
12-10-04 MRI report: LL 4-5, MILD FORAM ST 45 BILAT. Severe facet changes L34. Mild st 34. Clinical history includes **right leg pain**.
12-21-04 V: **Recommends myelo/CT** to assess the foramen at L45. MRI showed some 45 forma st bil. No mention of symptoms, especially in LEs.
4-29-04 Psych eval. Ms L McCune situational Distress
1-27-05 Denial letter advisor Dr. C. Fossier, ortho. Reviewer spoke with Dr Vaughan. Pt residual leg pain, V thought may be due to complication intraop. No definite sciatica bilat. MRI showed only mild foram st..Therefore no medical reason to do myelogram?CT
2-2-05 Letter of appeal Dr. Esquibel, DC: says Myelo is more diagnostic than MRI. Pt has residual leg pain.
2-8-05 Dr. Esquibel: lbp
2-11-05 Denial letter Dr. Carlson, DC, DD. Denies myelo/CT: Myelo should only be done if change in neuro or if surgery being considered. MD records don't show surgery being considered
3-3-05 V recs FCE. Solid fusion. No mention of symptoms.
3-17-05 RME Dr. D Wilhoite: recs against DC. A compensable injury.
4-25-05 A. Esquibel, DC Recs myelo/CT

DISPUTED SERVICE(S)

Under dispute is the Prospective medical necessity of lumbar myelogram with post cat scan.

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

It is reasonable to obtain a myelo/CT for the following reasons:

1. Multiple providers document that the patient continues to be disabled by back and leg pain. A change in neuro status is not necessary if there is a continuation of disabling neuro symptoms not relieved by prior treatment. Multiple providers recommend a myelogram/CT.

2. Although Dr. Vaughan does not specifically mention surgery as an option it is still reasonable to work up the etiology of disabling symptoms if other tests fail to make the diagnosis. The Reviewer agrees with the above statement, but none of the providers have listed any significant evidence documenting the patient's lower extremity symptoms. More than one provider does document leg symptoms.

3. MRI's can miss other causes of spinal stenosis like spondylolisthesis (because it's a recumbent study), as well as pedicle screw encroachment on the nerve roots (because of the artifact). A myelo/CT can detect spondylolisthesis because the X-rays can be done as flexion-extension laterals standing and can more clearly see the pedicle screws because there's less artifact and the pedicles can be better visualized (higher resolution of bone detail). The Reviewer agrees with Dr. Vaughan that a myelo/CT will better visualize the anatomy and pathology in the area of the previous surgery. It is also possible that the L3-4 level is now causing symptoms as a result of the L4-5 surgery.

Screening Criteria

General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literature and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

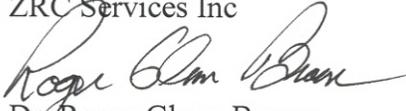
CERTIFICATION BY OFFICER

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: Traverlers Cas & Surety Co.
Jennie Shaffer
Fax 512-347-7870

Anthony Esquibel
Fax 972-698-7296

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

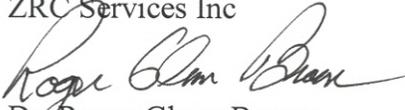
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 28th day of June, 2005.

Name and Signature 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