

Z iro C

A Division of ZRC Services, Inc.

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Austin, Texas 78731

Phone: 512-346-5040

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May 18, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1218-01

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 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. Information provided by requestor.
3. Information provided by respondent.
4. Information provided by Dr. Brent Alford.

CLINICAL HISTORY

This claimant, ____, is being treated for ongoing symptoms that resulted from a work-related injury on ____ including ongoing low back pain.

REQUESTED SERVICE

Purchase of an RS-4i Sequential 4-channel Combination Interferential and Muscle Stimulator is requested for this patient.

DECISION

The reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

It is clear from the documentation provided that this claimant has benefited significantly from the use of this stimulator device. The claimant has remarked that this device has decreased pain levels as well as increased ability to sleep and increased physical function. There has also been a reduction in usage of pain medications. There are no adverse effects reported from the use of this device. The benefits have also been documented by Dr. Alford, specifically indicating that the use of this device allows for significant pain relief for several hours as well as relief of muscle spasms and has played a role in significant reduction in the usage of pain medications. There is nothing in the medical records to indicate that the patient and the prescribing physician are exaggerating or providing false impressions regarding this device. Therefore, the Reviewer believes that it would be reasonable and medically necessary for this claimant to continue using this device indefinitely, as long as it is used within the prescribed manner, especially since this claimant has already undergone several treatment attempts including pain medications as well as surgery.

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

Cc: RS Medical
Joe Basham
Fax 800-929-1930

American Home Assurance
Crystal Miglis
Fax 877-532-2248

Brent Alford
Fax 972-254-9640

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

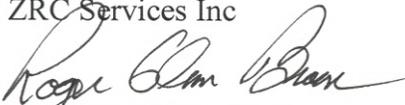
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 _____ day of _____, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO