

Z iro C

A Division of ZRC Services, Inc.

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May 5, 2005 Corrected

April 18, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1238-01

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 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

1. Request for and denial for anterior cervical discectomy with fusion, C4/C5, C5/C6, and C6/C7.
2. Notes from clinic of Dr. Madhavan Pisharodi.
3. Notes from the office of Dr. Paul Lenz.
4. Notes from the law office of Flahive, Ogden, and Latson.
5. MRI report.

CLINICAL HISTORY

The patient, ____, is an approximately 58-year-old gentleman injured in ____ while driving a city bus. The patient had a whiplash-type injury to his cervical spine. He presented complaining of neck pain radiating to the shoulders with numbness and tingling in his upper extremities.

REQUESTED SERVICE

Anterior cervical discectomy and fusion at C4/C5, C5/C6, and C6/C7.

DECISION

THE REVIEWER AGREES WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

RECOMMENDATION

Prior to any final decision, on the prospective surgery the reviewer recommends a myelogram and CT scan of the cervical spine.

BASIS FOR THE DECISION

Report from February 16, 2005 in the office of Dr. Picharodi notes that the patient has a severely impaired tandem gait. His review of the MRI scan of the cervical spine reveals 3 disc herniations at C4/C5, C5/C6, and C6/C7 with compression of the spinal cord. Review of the MRI report of the cervical spine reveals radiologist Dr. Utturkar noting a normal spinal cord and disc herniation at the level of C5/C6 that is moderate and central with no nerve root impingement and an early disc protrusion at C6/C7. Radiologist specifically does not mention cervical stenosis in his report.

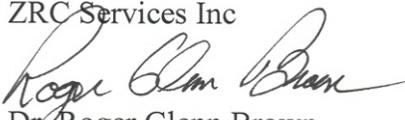
There is obviously a discrepancy between the neurosurgeon’s and radiologist’s interpretation of the cervical spine MRI scan. The most sensitive study for determining spinal cord and cervical spine pathology in the cervical spine is a myelogram and CT scan (see RECOMMENDATION above).

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: Pisharodi Clinic
Dorisa Hernandez
956-541-2070

TML-IRP
Katie Foster
512-867-1733

Paul Lenz
956-546-7957

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.

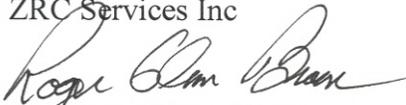
Name/signature

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 18th day of April, 2005.

Signature of Ziroc Representative:

Name of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO