

# Z iro C

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

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**Austin, Texas 78731**

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April 28, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1244-01

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 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. Medical records from RS Medical
2. Medical records from David Singleton, MD
3. Case folder from Zurich American Ins. Co.

## **CLINICAL HISTORY**

This claimant, case \_\_\_\_, sustained a work-related injury on \_\_\_\_, which has resulted in ongoing low back pain and radicular condition in both legs. He has undergone several treatments attempts including physical therapy, medications, and IDET procedure, as well as the use of a muscle stimulator device.

### **REQUESTED SERVICE**

Purchase of a muscle stimulator device is requested for this patient.

### **DECISION**

The reviewer disagrees with the determination of the insurance carrier.

### **BASIS FOR THE DECISION**

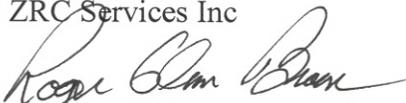
It is clear from the records provided that this claimant has undergone several different treatment attempts without satisfactory pain relief. One of the attending physicians has documented a letter of medical necessity for the continued use of the muscle stimulator device, indicating that the claimant has had "excellent results in decreasing pain and muscle spasms, as well as improving overall muscle condition." Communication from the claimant, as well, clearly documents that he has benefited from this device, indicating in a written statement that the device provides him with some relief of pain on a daily basis, and that this has allowed for a significant reduction in his usage of pain medications, which have gone from 4 or more times per day to his current usage of usually taking pain medications only at bedtime. He reports no adverse side effects from the continued use of this device. There is nothing in the medical record to suggest that either his physician or the claimant himself would exaggerate or provide false feedback regarding the use of this device. Therefore, the Reviewer feels that it is medically reasonable and necessary for this claimant to continue the use of this device, as long as it is used within the prescribed manner.

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	Zurich American	Dr. Singleton
	Joe Basham	Annette Moffet	281-537-9299
	800-929-1930	512-867-1733	

**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

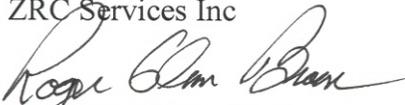
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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