

# Z iro C

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

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May 3, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1250-01

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 spinal 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. Clinic notes from Dr. John Sazy and Dr. Cody Doyle.
2. MRI report from February 2004.
3. EMG report.
4. Clinic visit from Dr. John Payne.
5. Procedure notes from Dr. Ashley Classen

## **CLINICAL HISTORY**

The patient, \_\_\_\_, is a 41-year-old gentleman injured \_\_\_\_. He has a history of prior L4/L5 laminectomy in 1992. He has persistent significant low back pain unresponsive to

chiropractic therapy and epidural steroid injections. The patient has had an EMG study in March 2004, which was normal. MRI scan in February 2004 revealed L4/L5 and L5/S1 significant degenerative disc disease with the L3/L4 and above discs appearing normal.

### **REQUESTED SERVICE**

Request for an L4/L5 and L5/S1 transforaminal lumbar interbody fusion with preoperative cardiac clearance is requested for this patient.

### **DECISION**

The reviewer disagrees with the determination of the insurance carrier.

### **BASIS FOR THE DECISION**

MRI scan from February 2004 clearly shows 2-level degenerative discs at L4/L5 and L5/S1. The patient has been through appropriate conservative measures including therapy and has had epidural steroid injections with persistence of his significant pain.

The request for cardiac clearance is based upon the treating physician's concern of a need to obtain preoperative medical clearance. Certainly it is his discretion to request this when necessary.

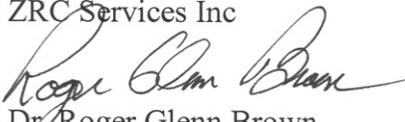
Request for the L4/L5 and L5/S1 transforaminal lumbar interbody fusion is appropriate, as the patient has been through appropriate conservative measures for his lumbar degenerative discs with failure of the conservative measures thus far.

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: **John Sazy, MD**  
**Attn: Kristi Songer**  
**817-468-7676**

**Great West Casualty Co**  
**Attn: Neal Moreland**  
**512-732-2404**

**Cody Doyle, DC**  
**817-590-2116**

**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:**