

# IRO America Inc.

## An Independent Review Organization

(IRO America Inc. was formerly known as ZRC Services Inc. DBA ZiroC)

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**Austin, TX 78731**

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July 8, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1277-01

IRO #:

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who 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 IRO America 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 from the Requestor, Respondent, and the Treating Doctor including:

- Request for pre-authorization 02/03/05
- Letter to claimant 02/08/05
- Request for pre-authorization 02/21/05
- Letter to claimant 02/21/05
- Medical Dispute Resolution Request/Response 03/24/05
- Texas WC Commission 04/07/05
- Texas mutual case summary 04/15/05

- Exhibit 1
- Exhibit 2

### **CLINICAL HISTORY**

The claimant is a 51-year-old female with a reported injury on \_\_\_ sustained during a motor vehicle accident. The claimant was seen in the emergency room with complaints of left shoulder and left upper chest pain, swelling and bruising. The claimant demonstrated some decreased range of motion of the left upper extremity however no paresthesia was reported. Chest and left shoulder x-rays findings were negative. She was given medication and instructed to remain off work for three days and then return to modified duty. Physician notes dated 09/15/04 and 09/30/04 noted the claimant's symptoms, prescribed medications and recommended that the claimant remain off work.

A 10/05/94 bone scan noted increased activity in the sternum and right costochondral rib area associated with a sternal fracture. The claimant continued out of work through 10/11/04 with complaints of left sided neck pain with radiation into her back and left arm. As of an 11/12/04 note, the claimant was able to work modified 6-hour days, instructed to start home exercises and continue medications as prescribed. With continued symptoms, a CT of the sternum, thoracic and cervical spine was performed on 12/09/04. Thoracic spine scans showed minimal spondylosis without compression fractures. A nondisplaced fracture involving the proximal body of the sternum was noted. The cervical spine indicated cervical spondylosis, posterolateral disc osteophyte complex to the left of the C5-6 and right paracentral disc osteophyte complex at the C6-7 with cord contact.

Dr. Masel was consulted and examined the claimant on 01/27/05 noting her past treatments of chiropractic care and acupuncture. The claimant demonstrated a decreased strength in her right upper extremity without give way. The physician's diagnosis was cervical disc herniation. The claimant was released to full duty and epidural steroid injections were recommended. Requests for cervical injections were denied on 02/03/05 and 02/21/05.

### **DISPUTED SERVICE(S)**

Under dispute is the prospective and/or concurrent medical necessity of cervical epidural steroid injection

### **DETERMINATION/DECISION**

The Reviewer agrees with the determination of the insurance carrier.

### **RATIONALE/BASIS FOR THE DECISION**

The claimant is a 51-year-old female nine and one half months post injury with the diagnosis of cervical disc herniation. The claimant has received chiropractic care, acupuncture, home exercises, medications and activity modifications and was released to full duty as of 01/27/05. There are no current clinical findings to support the need for cervical epidural injections. The last physician-based note received is brief and dated 02/10/05. While there are complaints of arm pain, the physician has not provided a recent detailed physical examination with findings consistent with upper extremity radicular pain to support the request. Physician contact would be beneficial to determine the need for cervical injections however they cannot be recommended based on the information provided.

## Screening Criteria

1. Specific:

Orthopaedic Knowledge Update 8, Chapter 42, page 530 and 531

2. 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 literate 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

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America 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,

**IRO America Inc.**



Dr. Roger Glenn Brown

**President & Chief Resolutions Officer**

Cc: Texas Mutual Ins.  
Attn: Ron Nesbitt  
Fax: 512-404-3980

**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 8<sup>th</sup> day of July 2005.**

**Name and Signature of Ziroc Representative:**

Sincerely,

**IRO America Inc.**



Dr. Roger Glenn Brown

**President & Chief Resolutions Officer**