

# Z iro C

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

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June 3, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #: M2-05-1342-01

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 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**

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including:

1. Progress note (not legible) 05/09/01
2. Neuro consultation, Dr. Torres, 02/11/03
3. Discogram report with post discogram CT, 04/15/03
4. Office notes, Dr. Torres, 05/27/03, 07/22/03, 08/19/03, 09/02/03, and 11/04/03
5. Operative procedure, 06/25/03
6. Cervical spine x-rays, 07/14/03
7. Cervical spine x-rays, 07/24/03
8. EMG/NCS, 08/13/03
9. Peer review, 10/04/04 and 02/03/05
10. Progress note, 01/08/05

11. Reconsideration review, 02/18/05
12. Attorney request for medical dispute resolution, 03/30/05
13. Attorney letter in response to seven-day letter, providing additional information, 04/18/05

### **CLINICAL HISTORY**

This claimant is a 56-year-old male who underwent an anterior cervical discectomy and fusion at C5 through C7 on 06/25/03. Prior to surgery, a cervical discogram produced concordant pain at C5-6 and C6-7 with annular tears noted at C5-6. Following surgery, the claimant continued to have complaints of posterior neck pain with ongoing numbness and tingling in both hands. An EMG /NCS was obtained on 08/13/03 and the results indicated chronic left C7 radiculopathy, probable left C6 radiculopathy and mild left carpal tunnel syndrome. The claimant was treated with therapy and a Medrol Dosepak but the claimant continued with headaches, posterior neck pain with decreased motion and pain over both shoulders. It was noted that the claimant was also being treated for depression and had been prescribed Effexor. The physician felt that the claimant's headaches were attributable to the C3-4 level and the pain encountered with neck flexion and right lateral neck movement and into both shoulders was from the C4-5 level. The recommendation was for a cervical discogram at C3-5.

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

Under dispute is the prospective and/or concurrent medical necessity of cervical discogram at C3-4and C4-5.

### **DETERMINATION/DECISION**

The Reviewer agrees with the determination of the insurance carrier.

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

The Reviewer has reviewed the medical information provided, regarding this claimant's case and agrees with the determination of the insurance carrier in this case. The cervical discogram at levels C3 through C5 is not recommended as medically necessary.

Cervical discography is not a reliable predictor of surgical candidates and there is no discussion of how the results of the discogram will change the claimant's clinical course. Recent studies on discography do not support its use as a preoperative indication for fusion.

Discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value, and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporarily with symptoms. There is no discussion of how the results of the discogram will change the claimant's clinical course.

### **Screening Criteria**

1. Specific:

ACOEM Chapter 8

Orthopedic Knowledge Update 8, Vaccaro, editor, Chapter 42, page 529.

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. Screening criteria should be cited in each review of medical necessity.

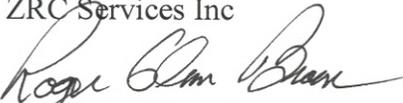
### **CERTIFICATION BY OFFICER**

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 or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,  
ZRC Services Inc



Dr. Roger Glenn Brown

Chairman & CEO

Cc: Norman Torres, MD  
Robin Lillegard  
Fax 281-364-0984

TML-IRP c/o FOL  
Kelly Pinson  
Fax 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

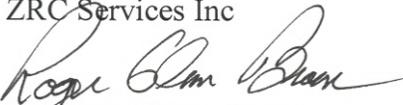
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 3rd day of June 2005.**

**Name and Signature of Ziroc Representative:**

Sincerely,  
ZRC Services Inc



Dr. Roger Glenn Brown  
Chairman & CEO