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May 26, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient:
TWCC #:
MDR Tracking #: M2-05-1381-01
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, and information provided by Requestor, the Respondent, and Treating Doctor (s) including:

1. X-rays right hand, 03/06/91
2. Office notes Dr. Moreno 06/30/95, 05/16/97, 06/13/97, 03/24/03, 03/26/03, 08/20/03 and 11/01/04
3. MRI lumbar spine 07/06/95 and 02/25/05
4. Labs 05/13/97, 03/25/03 08/20/03
5. X-rays right knee 05/16/97
6. MRI lumbar spine with and without contrast 03/25/03 and 09/24/03
7. Progress notes 08/22/03, 09/03/03, 09/10/03, 10/01/03, 10/29/03, 04/28/04 and 06/23/04
8. X-rays lumbar spine 08/27/03
9. Physical therapy note 09/09/03

10. Office notes Dr. Sued 11/19/03, 12/04/03, 12/17/03, 12/29/03, 01/28/04, 03/03/04, 04/14/04, 06/22/04, 02/08/05 and 03/21/05
11. Office notes Dr. Youngblood 12/16/03, 12/16/03
12. Office notes 12/29/03, 04/28/04
13. Office notes Dr. Raimondo 01/08/04, 04/07/04, 07/14/04
14. Work hardening mental health consultation 01/12/04
15. Procedure notes 03/23/04, 06/23/04
16. Medical evaluation 07/14/04
17. Notice of suspension of indemnity benefit plan 11/22/04
18. Office notes Dr. O' Grady 02/21/05, 02/28/05, 03/02/05 and 04/25/05
19. Peer review 03/04/05
20. Review reconsideration 03/16/04
21. Medical dispute request form 03/28/05
22. Corvel note 04/05/05
23. Notes from Attorney 04/07/05 and 05/02/05
24. EMG/NCV studies 04/08/05
25. DME with Dr. Mohabeer 04/14/05
26. Report of evaluation 04/1405
27. Note regarding dispute for surgery 04/26/05

CLINICAL HISTORY

The claimant is a 30 year-old police officer with a long history of low back and lower extremity pain dating back to 1995. He was found to have degeneration and herniation of L4-5. He was apparently functioning well with occasional flares and spasms. On ___ the claimant developed severe low back pain after confronting a large male suspect. He treated conservatively with physical therapy, various medications, activity modification, two lumbar epidural steroid injections and work hardening. He returned to work full duty on 05/03/04 and was placed at maximum medical improvement on 07/14/04 with a five-percent impairment rating. In 02/05, the claimant developed increased low back pain with bilateral leg paresthesias and weakness and was found to have signs of bilateral radiculopathy and treated with medications and activity modification. An L4 lumbar laminectomy with posterior lumbar interbody fusion and pedicle screws was recommended.

REQUESTED SERVICE

L4 lumbar laminectomy with posterior interbody fusion and pedicle screws.

DECISION

The Reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

This 30 year-old police officer was originally injured in ___. This is a difficult case and one in which the answer is not very clear-cut but I agree that the proposed lumbar laminectomy with interbody fusion and screws is reasonable, appropriate, and medically necessary for this claimant's condition. He is a young police officer who has a small central herniation of the L4-5 disc. He has had extensive conservative treatment for this and initially was

responding to conservative, non-operative treatments including physical therapy and epidural steroid injections. He had a re-exacerbation of his complaints in February 2005 and since then his pain has been resistant to resolution with the normal non-operative modalities, specifically the epidural steroid injections and the physical therapy. The MRI does show some progression of his disc herniation and he has consistently been complaining of radicular symptoms into his legs with occasional weakness and some decreased sensation in the appropriate dermatomes. He has failed to improve with extensive conservative treatment and in fact there is evidence that his functional capabilities are worsening rather than improving with ongoing time. His EMG/NCV studies have failed to show significant neuropathy with his clearly evident abnormal disc at L5-S1. The claimant has two-level disease and the proposed surgical decompression with fusion is really the only treatment that will be likely to get this claimant back to his regular job activity. This procedure is fraught with potential complications but I do reluctantly agree that the proposed surgical procedure is better than the various alternatives and would recommend the proposed procedure as being medically necessary.

Screening criteria:

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.

Specifically, the Reviewer cites: AAOS, Orthopedic Knowledge Update, Spine, 2, Chapter 35, pages 336-337

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 toTWCC, the Injured Employee, the Requestor, the Respondent, and the Treating Doctor.

Sincerely,
ZRC Services Inc

Dr. Roger Glenn Brown
Chairman & CEO

Cc**:** TML Intergovernmental Risk Pool FOL
Katie Foster
Fax 512-867-1733

Brian O'grady
Christi
Fax 512-707-7838

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 26th day of May, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc

Dr. Roger Glenn Brown
Chairman & CEO