

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-7317.M2**

# Z iro C

**A Division of ZRC Services, Inc.  
7626 Parkview Circle  
Austin, Texas 78731**

Phone: 512-346-5040

Fax: 512-692-2924

May 23, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1466-01

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 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. Notification of IRO assignment.
2. Information provided by requestor.
3. Information provided by respondent.
4. Information provided by Dr. Felipe Garcia Jr, MD.

## **CLINICAL HISTORY**

This claimant, \_\_\_\_, sustained a work-related injury on \_\_\_\_. This has resulted in ongoing pain along the shoulder on the left, which has been treated with trigger point injections, medications, and a muscle stimulator device. Documentation by one of the physicians indicates that this

device has resulted in decreased pain and muscle spasms and has enhanced her ability to sleep at night. The claimant, per note dated 03/17/05, clearly spells out the benefits that she has seen with this device, indicating that it has “significantly improved problems with the left arm and hand,” reducing her needs for pain medications such as Ultracet and allowing her to better complete her tasks at work. An episode in which she was not using the device as consistently resulted in increased symptomatology of pain as well as numbness and tingling, according to this same note.

## **REQUESTED SERVICE**

Purchase of an RS-4i Sequential 4-channel Combination Interferential and Muscle Stimulator is requested for this patient.

## **DECISION**

The reviewer disagrees with the determination of the insurance carrier.

## **BASIS FOR THE DECISION**

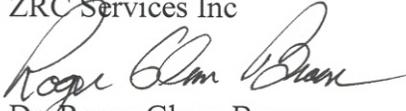
The Reviewer’s assessment is that there is enough documentation by the treating physician as well as the claimant as to the benefits achieved from the use of this device. The recorded evidence indicates a decrease in symptomatology, decrease in pain medications, greater ability to function at work, and enhanced sleep, without any adverse effects from the device being noted. There is nothing in the records to indicate that the physician or the claimant are exaggerating the benefits or are being untruthful as to the benefits. Therefore, the Reviewer’s conclusion is that it is perfectly reasonable and medically necessary for this claimant to continue to use this device indefinitely.

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  
Joe Basham  
Fax 800-929-1930

SORM  
Jennifer Dawson  
Fax 512-370-9170

Felipe Garcia Jr.  
Fax 817-370-4714

#### **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

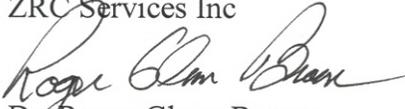
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 23<sup>rd</sup> day of May, 2005.**

**Name and Signature of Ziroc Representative:**

Sincerely,  
ZRC Services Inc



Dr. Roger Glenn Brown  
Chairman & CEO