

Z iro C

A Division of ZRC Services, Inc.

7626 Parkview Circle

Austin, Texas 78731

Phone: 512-346-5040

Fax: 512-692-2924

June 3, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #: M2-05-1494-01

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. Office note, Dr. Hollander, 05/08/02 and 12/09/04
2. Office note, Dr. Murrell, 08/09/02
3. Office note, Dr. Henderson, 01/29/03 and 02/23/05
4. OR report, 06/12/03
5. MRI right shoulder, 07/24/03
6. Office note, Dr. Ford, 09/10/03
7. Psychosocial interview, 02/10/04
8. OR report, Dr. Henderson, 06/22/04
9. OR report, Dr. Agostino, 01/19/05
10. Office note, Chiropractic (physician unknown), 01/26/05

11. MRI lumbar spine, 02/09/05
12. Office note, Dr. Wehmeyer for maximum medical improvement, 02/24/05
13. Chiropractic visit note, 02/24/05
14. Request for pre-authorization for surgery, 03/01/05
15. Peer review, 03/07/05
16. Letter to Dr. Henderson from Liberty Mutual, 03/07/05 and 03/14/05
17. Appeal review, Dr. Hutchison 03/14/05
18. TWCC dispute of medical services, 04/13/05
19. Letter to Liberty Mutual to TWCC, 04/14/05
20. MRI lumbar spine with and without contrast, 04/21/05
21. IRO to resolve medical dispute for TWCC, 04/25/05

CLINICAL HISTORY

The claimant is a female with an injury reported on ___ in an unknown manner. She was treated conservatively for low back and left leg pain without resolution of complaints. On 06/12/03 she underwent an L5-S1 left partial laminectomy, foraminotomy and discectomy. Her pain persisted and on 06/22/04 Dr. Henderson performed an anterior interbody fusion; posterior transverse process fusion L4 to S2, pedicle screw fixation and iliac crest bone graft. Her pain abated only temporarily and then returned to the low back. A 02/09/05 MRI of the lumbar spine showed post surgical changes at L4-5 and L5-S1 with no recurrent herniation, no mass, fluid or stenosis. At L3-4 there was a lateral disc protrusion slightly touching the nerve but no frank herniation. There was minimum spondylosis and no fracture or discitis. Dr. Henderson felt the hardware was painful but hardware injection did not improve the pain complaints. On a 02/23/05 note, Dr. Henderson reported that there was halo or loosening of the S1 pedicles screws. A repeat lumbar MRI with and without contrast on 04/21/05 showed the L1-2 level as negative. At L2-3 there was diffuse disc bulge narrowing the bilateral neural foramina. L3-4 was negative. The L4-5 level revealed diffuse disc bulge with superimposed left paracentral protrusion abutting the thecal sac and left L5 nerve root and mild facet arthropathy. L5-S1 facet arthropathy more prominent leftward was appreciated and the neural foramina were patent. Hardware removal and exploration of the fusion has been requested with possible revision fusion.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of preauthorization denied for exploration, spinal surgery.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

This claimant has had a previous spine fusion and has an obvious failed back syndrome that she has had for many years. She was seen recently starting this year with new complaints with intractable back pain. She had a trial of injections of her hardware, which did not give her any significant relief. She has ongoing changes. She has had two MRIs since January 2005. Neither of these MRIs has shown any evidence of pseudoarthritis. There is diffuse disc bulging and foraminal patency with the L5-S1 facet arthropathy, more prominent. I cannot recommend an additional surgical procedure for this claimant. There is no evidence on any of the records that we have that she has a pseudoarthrosis and nothing to suggest that further surgery would lead to any significant further improvement in this claimant's clinical condition. She has failed back

syndrome that will not be appreciably improved with further surgical exploration of her lumbar spine.

Screening Criteria

1. Specific:

AAOS, Orthopedic Knowledge Update, Spine, 2, Chapter 45, page 452

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.

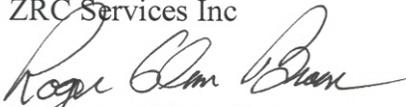
CERTIFICATION BY OFFICER

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: Liberty Mutual c/o Hammerman & Gainer
Melissa Rodriguez
Fax 512-231-0210

Robert Henderson, MD
Amanda
Fax 214-688-0359

Bob Hollander, DC
Fax 432-363-8182

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

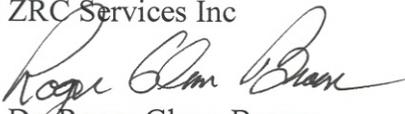
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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