

# Z iro C

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

**7626 Parkview Circle**

**Austin, Texas 78731**

Phone: 512-346-5040

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May 23, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1495-01

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. Frederick Kersh, MD.

## **CLINICAL HISTORY**

This claimant, \_\_\_\_, sustained a work-related injury on \_\_\_\_ in which he rolled over on a tractor, sustaining multiple rib fractures as well as a non-displaced fracture of the scapula. He has had ongoing symptoms since then including the shoulder region as well as lumbar spine. He has

undergone multiple treatment modalities over the years including a muscle stimulator device that, according to his treating physician, has resulted in a decrease in pain level and decrease in muscle spasms, which in turn has allowed him to increase functional ability. There is also mention made of the use of this device reducing his need for oral pain medications.

### **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**

It is clear by the notes provided primarily from the treating physician that this claimant has benefited significantly from the use of this stimulator device. Specific mention of these benefits is made, including a reduction in muscle spasms, reduction in pain, increase in functional ability, as well as a reduction in the need for oral pain medications. The records do not indicate any adverse effects from the use of this device. There is nothing in the records to indicate that the benefits have been exaggerated or have been claimed in an untruthful manner. Therefore, the Reviewer's assessment is that it would be perfectly reasonable and medically necessary for this claimant to continue to use this device indefinitely in the manner in which it was prescribed.

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

TASB Risk Management Fund  
Jackie Rosga  
Fax 888-777-8272

Frederick Kersh  
Fax 903-579-2795

### **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

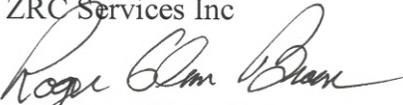
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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