

# Z iro C

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

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July 1, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #: M2-05-1561-01

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 including:

1. Dr. Trotter, causation/relatedness review, 04/19/02
2. Lumbar myelogram, 01/08/04
3. Office note, Dr. Henderson, 11/19/04, 01/19/05, 02/16/05, and 03/04/05
4. Facet joint block, 12/15/04
5. Lumbar discogram, 02/25/05
6. HDI UR, 03/14/05 and 04/04/05
7. Medical dispute resolution request, 04/11/05
8. Notification of denial by carrier, 04/28/05
9. Denial of 40 work hardening sessions, 05/18/05

## **CLINICAL HISTORY**

This 60-year-old male underwent anterior posterior lumbar at L4-5 and L5-S1 in June of 2003. The claimant had initial improvement of symptoms but shortly after surgery began to deteriorate with complaints of increased back pain, which led to subsequent removal of hardware in August of 2004. The claimant continued with back pain with radiation of pain into both knees and occasional tingling and numbness extending below the knees. The records indicated the claimant had a lumbar myelogram and CT, which showed evidence of fusion at L5 –S1 with some indications regarding the integrity of the fusion at L4-L5. The claimant had therapy and facet joint blocks with no relief of pain.

Another CT scan was obtained on 02/04/05 and showed the interbody grafts well positioned with lucency noted around a portion of the inferior aspect of graft at L4-5 incompletely incorporated into the superior endplate of L5. There was bone growing into the fusion at L5-S1 suggesting good incorporation with moderately severe facet arthropathy at L4-5 and L5-S1.

Dr. Henderson reviewed the CT scan and noted the femoral ring graft to be fractured in four pieces with no evidence of intact lateral mass fusion at L4-L5 and the impression was pseudoarthrosis at L4-L5. A lumbar discogram failed to identify a concordant pain level and reported no tears present at L2-3 or L3-4 levels. The impression noted was pseudoarthrosis of multiple fragments of broken femoral ring at L4-5 with an intact interbody fusion at L5-S1 with dual BAK devices.

The recommendation was for surgical intervention with a posterior lumbar interbody fusion at L4-L5, a transverse fusion at L4-S1, posterior internal fixation L4-S1, bone graft, allograft; bone graft, autograft in situ; bone graft, autograft iliac crest, and bone marrow aspirate.

## **DISPUTED SERVICE(S)**

Under dispute is the prospective medical necessity of Posterior lumbar interbody fusion L4-5, transverse process fusion L4-S1, posterior internal fixation L4-S1, bone graft allograft, bone graft allograft in situ, bone graft autograft iliac crest, bone marrow aspirate.

## **DETERMINATION/DECISION**

The Reviewer disagrees with the determination of the insurance carrier.

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

The Reviewer recommends approval of the proposed lumbar interbody fusion with posterior interbody fusion as well based on the history of the claimant's pseudoarthrosis. There is clear evidence on his CT scan showing inadequate bone fusion along with evidence of multiple fragments of the broken femoral ring at L4-5 to suggest that the claimant has pseudoarthrosis and the Reviewer recommends approval of the proposed repair of the pseudoarthrosis as being medically necessary.

### **Screening Criteria**

1. Specific: Campbell's Operative Orthopedics, 2016-2017 and Orthopedic Knowledge Update, Spine 2, Fardon editor, 336-337

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.

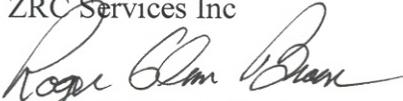
#### **CERTIFICATION BY OFFICER**

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: Dr. Robert Henderson  
Amanda S.  
Fax 214-688-0359

American Home Assurance  
Katie Foster  
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

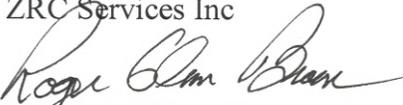
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 1st day of July 2005.**

**Name and Signature of Ziroc Representative:**

Sincerely,  
ZRC Services Inc



Dr. Roger Glenn Brown  
Chairman & CEO