

Z iro C

A Division of ZRC Services, Inc.

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May 25, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1571-01

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 in anesthesiology and specialized in 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

Notification of IRO assignment, information provided by respondent, information from the treating doctor A.T. Carrasco, MD.

CLINICAL HISTORY

This patient is a sewing machine operator and claims that repetitive movements caused a cervical herniated disc. The patient was 50 years of age at the time of the injury. The injury is currently 4 years old. It should be noted that the patient had cervical epidural steroid injections done by Dr. Jed Shay without any good effect initially after her injury. A cervical MRI scan was done on 12/28/01 almost 2 months after the injury. It showed evidence of degenerative disc disease only, no evidence of herniated disc.

REQUESTED SERVICE

Request for cervical epidural steroid injections and 4 to 6 trigger point injections.

DECISION

The reviewer agrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

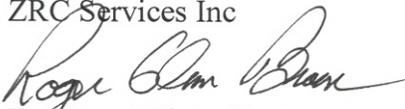
The Reviewer sees no reason to request cervical epidural steroid injections on this patient. Such injections were done prior by Dr. Jed Shay. There was no good effect from the prior cervical epidural steroid injection. There is certainly no reason to expect any different effect from the cervical epidural steroid injections at this time. The injury is currently 4 years old. The patient is 54 years old at this time. The defining of degenerative disc disease on MRI scan is quite normal for someone of that age, and the Reviewer does not think that cervical epidural steroid injections or even trigger point injections are going to have any effect on this patient. Also there is no evidence that the myofascial pain that the patient may be suffering now could be related back to an injury 4 years ago. In actuality, there was specifically no injury, just the fact that the patient did repetitive movements operating a sewing machine.

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: Old Republics Ins.
Neal Moreland
Fax 512-732-2404

Dr. A. T. Carrasco
Fax 210-614-4525

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

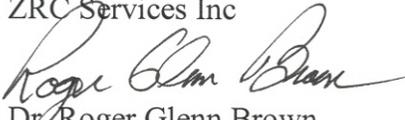
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 25th day of May, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO