

IRO America Inc.

An Independent Review Organization

(IRO America Inc. was formerly known as ZRC Services Inc. DBA ZiroC)

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

July 8, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1613-01

IRO #:

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who 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 IRO America 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. Henderson, 12/17/04, 03/04/05
2. Office note, Dr. Esquibel, 01/28/05
3. MRI, 03/02/05
4. Surgery request, 03/08/05
5. Peer analysis, 03/16/05
6. Office note, Dr. McConnell, 04/07/05
7. Peer review, 04/08/05

8. Functional capacity evaluation for internal derangement of knee, 04/19/05
9. Clinical assessment, Susanna Nohl LSWQ, 04/26/04
10. Request for TCAS medical dispute resolution, 04/25/05 and 05/10/05
11. Letter of denial, 04/28/05

CLINICAL HISTORY

The claimant is a 56 female injured in ___ when she was lifting a box. She apparently developed low back and bilateral leg pain. Epidural steroid injections on two occasions relieved her pain one hundred percent. A 03/02/05 MRI of the lumbar spine demonstrated that the L3-4 level was moderately desiccated and narrow. There was a 2millimeter bulge and hypertrophy of ligamentum flavum that resulted in mild central stenosis. The L4-5 disc was moderately desiccated with mild narrowing. A pseudo bulge was present secondary to anterolisthesis of 3millimeters caused by bilateral facet hypertrophy. However, the degree did not change with motion. Mild central was present as was mild narrowing of the subarticular recesses. At L5-S1 a 2millimeter bulge mildly flattened the thecal sac. Dr. Henderson recommended a two level lumbar fusion.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of posterior decompression and fusion L3-5.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The medical records support that the claimant had a MRI on 03/02/05, which showed a L4-5 degenerative disc with small bulge, mild central stenosis. The L4-5 disc was mildly desiccated with mild narrowing with a pseudo-bulge. There was no motion segment instability. Conservative treatment rendered thus far included two epidural steroid injections, which gave her relief of symptoms. Review of the medical records does not support the need for a L3-4, L4-5 decompression and fusion and autologous bone grafting. There is no documentation of treatment with conservative measures of physical therapy or the response to physical therapy, anti-inflammatory medications, or pain medications. There is no evidence of motion instability and only minimal degenerative findings on the MRI. Based upon the diagnostic results and lack of a full course of conservative treatment, I cannot recommend the surgery at L3-4 and L4-5 as medically necessary.

Screening Criteria

1. Specific:

ACOEM Guidelines Chapter 12
Orthopaedic Knowledge Update Spine 2; pp 335-340

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

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America 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,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

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

Liberty Mutual Fire Ins.
Attn: Melissa Rodriguez
Fax: 512-231-0210

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 8th day of July 2005.

Name and Signature of Ziroc Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer