

Z iro C

A Division of ZRC Services, Inc.

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May 23, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1628-01

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. Kenneth Berliner, MD.

CLINICAL HISTORY

This claimant, ____, sustained a work-related injury on ____ when she stepped back on the edge of a drain and twisted her right foot, lost her balance, and fell to the floor. She has had a multitude of ongoing pain symptoms since then including the upper and lower extremities, and she has been diagnosed as having possible cervical radiculopathy, lumbar radiculopathy, and possible carpal tunnel syndrome.

REQUESTED SERVICE

Lumbar epidural steroid injections is requested for this patient.

DECISION

The reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

Multiple notes in the clinical records indicate that the claimant was describing symptoms of pain as well as numbness and tingling traveling down from the lower back and the entire length of the legs to the heels. Electrophysiological testing did demonstrate some mild evidence of a possible radicular dysfunction in the lumbar levels. Multiple physicians have recommended a course of lumbar epidural steroid injections, which have been denied with reasons reportedly for a lack of radicular symptomatology, which is counter to the records available. The utilization review agent's reviewer states that the pain complaints were primarily in the lower back with radiation into the buttock, and that the subjective complaint is "primarily of low back pain," and "ESI's are not indicated for treatment of low back pain without radiculopathy." However, based on the Reviewer's review of records, it is clear that there indeed has been radicular symptomatology reported by the patient with disc bulging noted on imaging as well as mild findings noted on an electrophysiological to support a possible radicular process. Though no clear-cut nerve root compression was demonstrated on the MRI, certainly the disc bulging can be assumed to exert perhaps intermittent compressive pressures on the exiting nerve roots at times as a possible explanation of the discordance between imaging findings and the symptomatology.

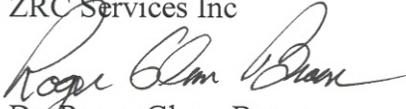
Based on an analysis of the clinical evidence the Reviewer's assessment is that there is enough evidence by symptoms reported by the patient and opinions rendered by at least 2 of her physicians involving her care that suggest that a course of epidural steroid injections would be reasonable and medically necessary in this case.

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: Sady Riberlo, MD
Brenda Gonzales
Fax 281-875-3285

American Home Assurance c/o ARCFI
Raina Robinson
Fax 979-273-8792

Kenneth Berliner, MD
Fax 281-875-3285

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

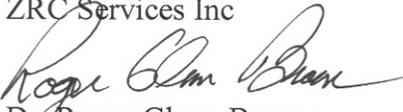
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 23rd day of May 2005.

Name and Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO