

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 #: M2-05-1646-01
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 from the Requestor, Respondent, and the Treating Doctor including:

1. Case note
2. Office note, Dr. Panousieris, 10/06/04, 10/19/04, 12/13/04
3. MRI left hip, 10/08/04
4. MRI lumbar, 10/12/04
5. Physical therapy initial evaluation, 10/26/04
6. Office note, Dr. Park, 11/04/04

7. Texas WC work status report, 11/04/04
8. New patient consultation, Dr. Belvin, 11/19/04
9. ETMC rehabilitation center notes, 11/15-12/03/04
10. Office note Dr. Davis, 01/11/05k, 02/07/05, 02/16/05, 02/17/05, 02/21/05
11. Daily physical therapy note, 09/12 – 01/21/05
12. Physical performance exam, Dr. Plapidikis, 01/25/05
13. Handwritten exam note, Dr. Plapidikis, 01/26-01/28/05, 02/04/05, 02/09-02/17/05, 02/23-02/25/05
14. EMG/NCS, 02/08/05
15. Jana Downum PMP referral for chronic pain management, 02/28/05
16. requested 10 session denied, 03/10/05
17. Letter of denial, 03/28/05
18. Medical evaluation, Dr. McCrae, 04/28/05
19. Request for four sessions of individual counseling, 05/02/05
20. Chief Compliance Officer request for 10 sessions, 05/19/05

CLINICAL HISTORY

The claimant is a 47-year-old female detention officer with a reported injury on ____ sustained while she tried to catch a fainting prisoner and reported that she twisted her back. Dr. Panousieris examined the claimant on 10/06/04 noting no gross motor or sensory deficits in the claimant's lower extremities however the claimant did demonstrate significant spasms and tenderness of the left lumbar spine. Range of motion was decreased with pain. Lumbosacral x-rays revealed a minimal decrease in the disc heights with mild osteoarthritic changes but no spondylolisthesis. The claimant was diagnosed with lumbosacral strain with radicular pain to the L3-4 distribution. Left hip x-rays questioned early changes indicative of avascular necrosis, however the MRI of the left hip on 10/08/04 showed a 10mm subchondral cyst but no evidence of avascular necrosis. Low back pain persisted despite treatments with medications, exercises and activity modifications. An MRI of the lumbar spine performed on 10/12/04 showed a L3-4 midline annular fissure without visible neural impingement. The claimant was re-examined by Dr. Panousieris on 10/19/04. He noted a decrease in left leg pain but increased levels of discomfort regarding the claimant's lumbosacral spine. Dr. Panousieris ordered physical therapy and the claimant was taken off work for two-four weeks

Physical therapy initially evaluated the claimant on 10/26/04. A decreased lumbar range of motion was noted with tenderness in this region and the sacroiliac joints. Dr. Parks' examination revealed a depressed, one pack a day smoker with normal motor, sensory and reflex findings in her lower extremities. Dr. Parks' impressions included lumbar strain and trochanteric bursitis with the recommendations of additional physical therapy, anti-inflammatory medication and to remain off work. The claimant's symptoms exacerbated when she reported falling against her bathroom wall on 01/15/05 with increased leg symptoms on the right. Medications were prescribed for the diagnosis of lumbar disc displacement, myalgia, left radiculitis and left hip pain. Therapy continued through 02/07/05 when an EMG/ NCS was performed and revealed normal findings. Persistent symptoms were then treated with trigger point injections administered on 02/21/05 with marginal relief.

On 2/28/05, a referral was made for chronic pain management. Following evaluation thirty sessions of a Chronic Behavioral Pain Management Program were recommended. The request was denied initially for 10 sessions and again when asked to reconsider on 03/28/05.

Reasons given for denial per notes provided were that the claimant did have a pre-injury history of depression with treatment, poor documentation provided for the initial mental health evaluation and a review process that actually revealed that indications for mental illness and depression have not yet been worked up diagnostically. As of 05/02/05, 4 sessions of individual counseling and 8 sessions of biofeedback were requested based on the following criteria: voiced pain 6 of 10, a counseling GAF score of 51, a Beck Anxiety Inventory score of 38, and a Beck depressions inventory score of 41. The program schedule requested was provided for this review and attached.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of chronic behavioral pain management x 10 sessions.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

This is 47-year-old Detention Officer has been off work since October 2004. She has had extensive conservative treatment and it is not likely that any further treatment will lead to any significant further improvement. The Reviewer cannot recommend approval of the chronic behavioral program as being medically necessary because there is no evidence that it will lead to any significant further improvement in this claimant's condition after the extensive conservative treatment that she has already had.

Screening Criteria

1. Specific:

ACOEM Chapter 6

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: [Claimant]

Canton Healthcare Systems

Attn: Nick Kempisty

Fax: 214-943-9407

TML c/o FOL

Attn: Kelly Pinson

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 8th day of July, 2005.

Name and Signature of Ziroc Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer