

# IRO America Inc.

## An Independent Review Organization

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

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July 8, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: \_\_\_\_\_

TWCC #: \_\_\_\_\_

MDR Tracking #: M2-05-1695-01

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. Case notes
2. MRI lumbar spine 09/26/03
3. Examination with Dr. Mayorga 09/07/04
4. Office note of Dr. Deiter 09/21/04, 01/19/05, 02/08/05

5. Physical capacities evaluation 09/24/04
6. Hospital admission report by Dr. Urrea 10/25/04, 11/03/04, 02/28/05, 04/01/05
7. Office note of Dr. Urrea 12/29/04, 01/28/05
8. Work hardening evaluation 01/27/05
9. Letter from Dr. Pacheco 02/03/05
10. Dr. Easter follow up evaluation 02/08/05
11. Functional assessment report of Dr. Deiter 02/17/05
12. TWCC report 02/28/05
13. Chronic pain management evaluation 03/02/05
14. Facet injection denial 03/28/05
15. Behavioral pain management note 04/04/05
16. Office note of Dr. Easter 05/10/05

### **CLINICAL HISTORY**

The claimant is a 49-year-old female diagnosed with lumbosacral spine sprain, bulging disc and lumbar radiculopathy as a result of a reported injury on \_\_\_ after lifting a full box of videotapes. A lumbar MRI dated 09/23/03 revealed a L4-5 shallow right paracentral disc protrusion displacing the right L5 nerve root, a L5-S1 shallow central disc protrusion and L3 anterior inferior endplate degenerative changes. An epidural steroid injection was given but the claimant continued with low back and leg pain but no objective findings of neurologic deficit on examination.

Conservative treatment of chiropractic manipulation, massage, aquatic therapy, medications, and activity modifications continued. A left sacroiliac joint injection given on 12/14/04 provided only one day of relief.

Dr. Pacheco evaluated the claimant on 02/03/05 and determined that her symptoms were related to mechanical articular facet syndrome rather than the presence of a herniated disc due to the lack of evidence of a central canal stenosis. Treatment recommendations included physical therapy, activity modification, and medications but symptoms persisted. The claimant was determined to be at maximum medical improvement with 5 percent impairment as of 03/01/05. Lumbar facet injections were recommended.

### **DISPUTED SERVICE(S)**

Under dispute is the prospective and/or concurrent medical necessity lumbar facet blocks.

### **DETERMINATION/DECISION**

The Reviewer agrees with the determination of the insurance carrier.

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

The claimant is nearly two years post injury with the diagnosis of lumbar sacral sprain, lumbar degeneration, bulging disc of the lumbar spine, lumbar radiculopathy and left sacroiliitis. Treatments included physical therapy, medications, activity modifications and injections with only temporary relief. Lumbar facet injections have been recommended. The benefit of facet joint injections remains controversial as they only provide short-term relief. Based on the information reviewed and history of past injections for long-term relief, the Reviewer cannot recommend the requested facet injections as medically necessary.

## Screening Criteria

1. Specific:

Orthopedic Knowledge Update 8, Koval, Chapter 55, pg 656.

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 literature 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]

Downs & Stanford, PC

Attn: John Fundis

Fax: 214-748-4530

Cary Dieter

Fax: 915-881-8108

**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 8<sup>th</sup> day of July 2005.**

**Name and Signature of Ziroc Representative:**

Sincerely,

**IRO America Inc.**



Dr. Roger Glenn Brown

**President & Chief Resolutions Officer**