

Z iro C

A Division of ZRC Services, Inc.

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June 14, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TWCC #: _____

MDR Tracking #: M2-05-1698-01

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 Orthopedic Surgery. 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 Requestor, Respondent, and Treating Doctor including:

- X-rays left ankle 08/10/00
- Illegible physician note 08/10/00, 08/11/00, 08/16/00
- X-rays right hip 08/11/00
- Therapy note 08/11/00
- Rehab notes 08/14/00 to 08/21/00
- Office notes of Dr. Pollan 11/21/00, 12/05/00
- MRI lumbar spine 11/27/00
- Office notes of Dr. Fischer 12/18/00, 01/22/01
- Injections 03/15/01, 07/21/01

- Office note of Dr. LeGrand 09/11/03, 09/23/03, 10/20/03, 12/01/03, 12/10/03, 01/08/04, 03/18/04, 04/29/04, 06/28/04, 07/29/04, 08/19/04, 10/07/04, 12/20/04, 01/17/05, 03/17/05
- MRI lumbar spine 10/13/03
- Operative report 12/16/03
- Discharge summary of Dr. LeGrand 12/17/03
- History and physical with Dr. LeGrand 09/14/04
- Operative report 09/14/04
- Hospital records 09/14/04 to 09/16/04
- X-rays lumbar spine 10/07/04, 12/20/04, 01/17/05
- Request for CT/myelogram of lumbar spine 03/21/05
- Denial for CT/myelogram 03/28/05
- Approval for lumbar injections 04/15/05
- Pain clinic treatment plan 04/19/05
- Denial of reconsideration for CT/myelogram 04/22/05
- Medical dispute resolution request/response 05/03/05
- Medical dispute resolution request 05/16/05
- Request for medical records, Z iro C 05/16/05
- Texas Associate of Scholl Boards 05/23/05

CLINICAL HISTORY

The claimant is a 42-year-old female with a reported injury on _____. While working as a teacher, she was walking down the steps of the stadium and fell. A lumbar MRI dated 11/27/00 noted a L5-S1 prominent left sided disc herniation with associated encroachment on the exiting nerve root. She failed conservative care including injections. A repeat MRI done on 10/13/03 continued to identify the compressive lesion. She underwent a laminectomy and decompression of L5-S1 on 12/16/03. She noted some relief of her left leg pain but had ongoing complaints of back pain and then had progressive return of leg pain. Another MRI was conducted on 07/13/04 with identification of a recurrent L5-S1 disc herniation. She returned to the operating room on 09/14/04 for a L5-S1 discectomy and posterior instrumented fusion. Radiographs document a solid fusion and normal alignment of the hardware. The claimant continued to have complaints of pain and required pain medication. She is now nine months post surgery. A lumbar CT/myelogram has been requested to help make determination as to why she has not improved and form a treatment plan.

DISPUTED SERVICE(S)

Under dispute is the Prospective and/or concurrent medical necessity of the following: Lumbar myelogram with CT .

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

This 42-year-old female has undergone several previous spine surgeries. The most recent surgery included a decompression and posterior fusion for recurrent disc herniation in association with mechanical back pain. At six months her fusion was reportedly solid but she has continued

to be troubled by persistent lower extremity complaints. There is no evidence within the records that a postoperative imaging study has been obtained.

The request for a CT myelogram would appear to be reasonable and medically necessary in light of the fact that the claimant continues to have recurrent back and leg complaints that would be consistent with persistent nerve compression including the potential for iatrogenic nerve compression secondary to hardware. As such, the request for a CT myelogram would, in the Reviewer's medical opinion, be reasonable and medically necessary.

Screening Criteria

1. Specific:
Orthopedic Knowledge Update: Spine 2; Chapter 45, pg 450.
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.

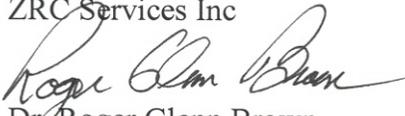
CERTIFICATION BY OFFICER

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 or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

Cc: [Claimant]

TASB
Jackie Rosga
Fax 888-777-8272

Robert Legrand
Fax 325-657-0875

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

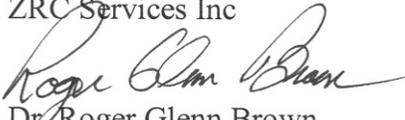
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 14th day of June 2005.

Name and Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO