

# IRO America Inc.

## An Independent Review Organization

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

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**Austin, TX 78731**

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July 8, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: \_\_\_\_\_  
TWCC #: \_\_\_\_\_  
MDR Tracking #: M2-05-1733-01  
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. Claim note
2. Office note, Dr. Lara, 07/20/01
3. MRI cervical, 07/23/01
4. Office note, Dr. Parra, 07/23/01, 07/24/01, 07/25/01, 09/21/01, 09/28/01, 10/21/01, 11/16/01, 12/17/01, 01/18/02, 03/18/02, 05/03/02, 12/13/02, 01/13/03, 04/11/03, 07/11/03, 12/19/03, 04/09/04, 07/09/04, 07/28/04, 08/04/04, 10/15/04, 11/12/04, 01/21/05, 04/22/05

5. Office note, Dr. Mendoza, 08/03/01, 01/18/02
6. Physical therapy evaluation, 08/15/01
7. X-rays, 09/07/01, 07/11/03, 12/19/03, 10/15/04, 04/22/05
8. Cervical MRI, 09/17/01
9. EMG study, 12/17/01
10. South Texas Spinal Clinic note, 03/25/02
11. Maximum medical improvement status, 05/03/02
12. Office note, Dr. Obermiller IME, 07/08/04
13. Physical Capabilities form, 07/08/04
14. Letter to Dr. Parra, 08/11/04
15. Letter to claimant, 08/26/04
16. Functional capacity evaluation, 10/07/04
17. Letter to WC case manager, Dr. Parra, 12/03/04
18. Claimant pain drawing, 12/20/04
19. Office note, Dr. Mina, 12/22/04, 04/04/05
20. Neuva Behavioral Health, 01/19/05
21. Pain Management Program description, 02/02/05
22. Claimant intact form, handwritten, 02/02/05
23. Letter of medical necessity, 02/02/05
24. Pain Management note, 04/03/05
25. Request for injections denied, 04/20/05
26. Denial of appeal for injections, 04/28/05
27. Request for review of disputed medical, 05/12/05
28. Letter from Texas Workers Comp consultant, 05/17/05

### **CLINICAL HISTORY**

The claimant is a 54-year-old male injured on \_\_\_ with a reported neck and upper and lower back injury. The 7/23/01 MRI was positive for cervical pathology; the lumbar MRI was negative for any abnormal findings. The claimant underwent a subsequent two-level cervical fusion on 07/25/01, and a subsequent cervical decompression surgery 09/28/01 for extended cervical problems.

The claimant's symptoms improved after surgery and with physical therapy. However, the treating physician opined that the claimant's injuries were severe, and he was not able to work. On 3/22/02 the claimant was given a whole body impairment rating of 33-percent, and was placed at maximum medical improvement on 05/03/02.

The claimant continued to report neck and upper and lower extremity pain, despite continued conservative treatments. The physician recommended that the claimant lose weight and continue a home exercise program. The cervical x-rays showed a solid cervical fusion.

On 04/09/04 the claimant reported increased low back symptoms, and was diagnosed with lumbalgia. The claimant attended an IME on 07/08/04 with Dr. Obermiller, who opined the claimant had undergone appropriate treatments. He noted there was no evidence of any current lumbar symptomatology and that the claimant could return to work at modified duty, with restrictions related to his cervical fusion. The treating physician maintained the claimant was unable to work at any job due to the severity of his cervical injuries. The 10/07/04 functional capacity evaluation also placed the claimant at a sedentary work level with a recommendation of pain management and vocational retraining.

On 11/12/04 the claimant was referred for pain management. On exam the claimant complained of pain across his lumbar spine, but denied lower extremity weakness. He was diagnosed with axial low back pain secondary to facet and sacroiliac joint pain. The claimant was placed in a comprehensive physical and behavioral pain management program.

On the 04/04/05 program evaluation Dr. Mina noted the he was satisfied with the results of the physical therapy program. However, he felt that the claimant sprained his lumbar spine at the facet joints during the initial injury and now had residual lumbar facet pain. He recommended therapeutic injections to the facet joints. Apparently the request for the injections was denied, and is now under appeal for reconsideration.

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

Under dispute is the prospective and/or concurrent medical necessity of prospective proposed facet bilateral L1-2.

### **DETERMINATION/DECISION**

The Reviewer agrees with the determination of the insurance carrier.

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

The Reviewer would agree that the proposed facet injections are not medically necessary because these have not been proven to be effective from a therapeutic standpoint according to ACOEM guidelines. The claimant has had ongoing persistent pain for a long period of time and the Reviewer agrees that this far out from the injury with this claimant being in a chronic condition that there is no evidence that the facet joints will lead to any significant further improvement.

#### **Screening Criteria**

1. Specific:

ACOEM Guidelines Chapter 12

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]

Texas Builders Ins.

Attn: John Fowler

Fax: 512-288-3005

**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**