

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 21, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M2-05-1786-01
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. EMG/NCS 01/04/90
2. Lumbar MRI, 09/11/03
3. Patient registration form, 01/07/03
4. Lumbar facet injections, 01/07/03, 10/14/03, 10/21/03
5. Office notes, Dr. Sazy, 12/08/03, 01/26/04, 12/13/04, 03/24/05
6. Medial branch blocks 07/16/04, 08/06/04

7. Fax sheet for CT discogram, 11/24/04
8. Lumbar discogram, 11/30/04
9. Lumbar x-ray, 11/30/04
10. Office note, Dr. Sazy (handwritten), 12/13/04
11. Required Medical Examination, 04/13/05
12. Review, non-auth of requested surgery, 04/13/05
13. Medical evaluation, (physician's name not readable), 04/18/05
14. Letter, Dr. Sazy, 04/21/05
15. Review, 0-4/29/05
16. Medical records request, 06/03/05
17. Case summary, 06/08/05
18. Order for production of documents, 06/24/05

CLINICAL HISTORY

The claimant is a 27-year-old male who fell into a trench on _____. He has treated for low back and right lower extremity pain, numbness, and tingling. Electrodiagnostic studies are normal. MRI evaluation demonstrated an L4-5 disc bulge. Lumbar discogram noted non-concordant L3-4, concordant L4-5, and inability to test L5-S1. He has treated with extensive chiropractic care, medications, and multiple injections. Physical examination demonstrated antalgic gait with no spasms and intact motor, sensory, and reflex findings. Two level transforaminal fusion from L4-S1 has been recommended.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of Dispute of L4-5, L5-S1 transforaminal lateral interbody fusion.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend the proposed two-level fusion as being medically necessary. The claimant does not have any evidence of spinal instability and fusions have not been proven to be effective for purely discogenic pain. This claimant has purely discogenic pain. The patient does have positive discography with concordant pain indicating that his pain generator is at the disc level, however, there is conflicting evidence to suggest that this condition is treated by fusions, particularly in the workers' compensation population. Consequently, the Reviewer cannot recommend the proposed fusion as being medically necessary. Again, it has not been proven to be effective for this condition in this population.

Screening Criteria

1. Specific:

AAOS, Orthopaedic Knowledge Update, Spine 2; page 336

Campbell's Operative Orthopaedics Tenth Edition; pp 3710-3727

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]

John Sazy

Attn: Kristi Songer

Fax: 817-468-7676

Texas Mutual

Attn: Ron Nesbitt

Fax: 512-404-3980

Kristopher Schmidt

Fax: 817-731-2157

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 21st day of July 2005.

Name and Signature of Ziroc Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer