

IRO America Inc.

An Independent Review Organization

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

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July 22, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M2-05-1814-01
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. Injured employee notice of injury or occupational disease and claim for compensation form 05/19/03
2. Initial chart note of Dr. Lansing 05/19/03
3. X-rays 05/19/03
4. Chart note of Dr. Lansing 06/04/03
5. Pain clinic note of Dr. Lewis 06/10/03

6. Left knee MRI 06/10/03
7. Cervical MRI 06/10/03
8. Left shoulder MRI 06/10/03
9. Lumbar MRI 06/10/0
10. Upper extremity EMG/NCV 06/18/03
11. Lower extremity EMG/NCV 06/18/03
12. Office note of Dr. Chouteau 06/24/03, 07/15/03, 08/12/03, 09/09/03, 10/06/03, 11/04/03, 12/02/03, 01/29/04, 03/05/04, 04/02/04, 11/24/04
13. Procedure note 07/09/03, 07/30/03, 09/16/03, 01/14/04, 03/24/04, 05/19/04, 07/01/04
14. Office note of Dr. Juarez 07/15/03
15. Left shoulder arthrogram 08/01/03
16. Chart note 09/08/03
17. Record review of Dr. Smith 09/19/03
18. Required medical examination, Berit Johnson, Ph. D 09/25/03
19. Required medical examination, Dr. Sedighi 10/14/03
20. Office note of Dr. Lewis 10/29/03
21. Office note of Dr. Lansing 01/13/04
22. Designated doctor exam, Dr. Levine 04/17/04
23. FCE 06/02/04
24. Letter of medical necessity 06/28/04
25. Work hardening progress notes 07/09/04 to 07/31/04
26. Chart note of Dr. Lansing 07/22/04, 11/24/04
27. Designated doctor evaluation 07/22/04
28. Office note of Dr. Sazy 11/11/04
29. Medical record review, Dr. Esses 12/22/04
30. Letter of denial to claimant from IMO 04/07/04
31. Letter of denial to claimant from IMO 04/22/04
32. Letter from Dr. Lansing 05/09/05
33. Medical dispute resolution request/response form 05/17/05

CLINICAL HISTORY

The claimant is a 48-year-old Maintenance worker injured in a slip and fall on _____. Dr. Lansing, DC initially saw him on 05/19/03 with complaints of pain in the neck, left shoulder, left hand, left knee and lumbar spine. X-rays done on 05/19/03 revealed degenerative changes in the lumbar spine with postural/segmental alterations. A lumbar MRI done on 06/10/03 revealed moderate hypertrophic degenerative changes involving the contiguous surfaces of L4-5 with associated partial degeneration of the fourth lumbar intervertebral disc. A 2 mm broad based protrusion mildly effaced the anterior surface of the thecal sac. The claimant treated with Drs. Lansing, Lewis and Chouteau. He reported low back pain with left leg radiculopathy symptoms. Treatment included physical therapy, chiropractic therapy, medication, activity modification and injections. Objective physical examination findings included decreased sensation in the left lower extremity, decreased strength and non-elicitable reflexes. The most recent designated doctor evaluation from Dr. Levine indicated that the claimant had reached maximum medical improvement as of 09/11/04 with a 19 percent whole person impairment. An L4-S1 decompression/translaminar interbody lumbar fusion L4-S1 with a five-day inpatient stay has been recommended.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of L4-S1 decompression/translaminar interbody lumbar fusion L4-S1 with five inpatient days.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

Based on a review of the medical records the request for the proposed L4-S1 decompression/translaminar interbody lumbar fusion L4-S1 with a five-day inpatient stay is not recommended as medically necessary. According to the records provided the claimant is a 48-year-old male injured in a slip and fall accident over two years ago. The Patient has complaints of low back and left lower extremity pain with exam findings of decreased sensation, strength and reflexes. The Patient has failed conservative treatment consisting of therapy, medication, chiropractic care, activity modification and injections. Although the patient continues to be symptomatic with back and leg pain, the request for the spinal fusion cannot be recommended as medically necessary. There is no indication that this procedure would significantly improve this patient's pain, as spinal fusion has not been proven effective in the absence of spinal instability. In addition, it would appear, based on the EMG/NCV studies completed during examinations with Dr. Sedighi and Dr. Levine that the claimant has neurologic complaints related to a diabetic/peripheral neuropathy. His complaints do not appear to be related to a neurocompressive lesion. Therefore, based solely on the review of the medical records, the Reviewer is unable to recommend the proposed surgery and inpatient stay.

Screening Criteria

1. Specific:

ACOEM guidelines, Chapter 12, page 310

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]

John Sazy

Attn: Kristi Songer

Fax: 817-468-7676

Irving ISD

Attn: Robert Josey

Fax: 512-346-2539

Mark Laning

Fax: 972-554-4665

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 22nd day of July, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer