

IRO America Inc.

An Independent Review Organization

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

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July 26, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TWCC #: _____

MDR Tracking #: M2-05-1863-01

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. MRI lumbar spine, 04/16/04
2. Lumbar discogram, 06/23/04
3. Office note, Dr. Henderson, 08/03/04, 09/15/04, 02/07/05, 03/07/05, 04/11/05 and 06/03/05
4. Operative report, Dr. Henderson, 01/19/05
5. Peer review, 04/15/05 and 04/25/05

CLINICAL HISTORY

This 38-year-old male sustained a reported work injury on ___ when he was working under a cabinet and developed sharp back pain and spasms. A 4/16/04 MRI of the lumbar spine demonstrated disc desiccation and bulging at L5-S1. A lumbar discogram and CT scan was done on 06/23/04 that demonstrated concordant pain at L4-5 and L5-S1 discs with a normal control at L3-4. The CT scan demonstrated grade V posterior fissures in the L4-5 and L5-S1 discs.

The Patient treated with Dr. Henderson for complaints of primarily back pain. Neurological examination was normal. The Patient underwent two epidural steroid injections and on 01/19/05 Dr. Henderson performed an intradiscal electrothermal annuloplasty procedure at L4-5 and L5-S1. The Patient underwent postoperative rehabilitation and a trial of Neurontin. As of 04/11/05 the Patient continued to have constant back pain and Dr. Henderson recommended repeat lumbar discography. This study was denied on initial peer review as well as on appeal. At the 06/03/05 visit Dr. Henderson documented low back pain radiating to both buttocks. Dr. Henderson felt the Patient was a surgical candidate for probable anterior disc replacement and fusion at L4-5 and L5-S1. The Patient indicated that discography would determine whether a one level procedure could be performed rather than a two level procedure.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of, lumbar discography with CT scan at the lower three intervertebral spaces.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

Based on the information provided, the discogram/CT scan is not recommended as medically necessary. The Patient has degenerative disc disease at L4-5 and L5-S1. The Patient has failed an IDET procedure at those levels and continues to have primarily low back pain. While the physician has noted surgery as a possibility, this Patient has no documentation of instability and no evidence of a neurocompressive lesion. In general, discography is not a reliable predictor of surgical candidates. Recent studies do not support the use of discography as a pre-op indication for fusion and concordance of symptoms is of limited diagnostic value.

Screening Criteria

1. Specific:

ACOEM (2004). Low back complaints. Occupational Medicine Practice Guidelines. L. S. Glass. Beverly Farms, MA, OEM Press: Chapter 12, p. 304-5.
Orthopedic Knowledge Update, Spine, pages 344-345

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]

Robert Henderson
Attn: Amanda S.
Fax: 214-688-0078

Old Republic Ins. Co.
Attn: Neal Moreland
Fax: 512-732-2404

Chad Blackwell
Fax: 972-613-1775

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, Patient (and/or the Patient's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 26th day of July, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer