

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 #: M2-05-1876-01

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:

- Office note of Dr. Helton 03/30/04, 05/04/04, 05/25/04
- MRI lumbar spine 04/12/04
- X-rays lumbar spine 05/26/04
- Office note of Dr. Oliva 05/28/05
- Dr. Oliva letter to Dr. Helton 06/02/04

- Letter to female and Dr. Oliva from Intracorp 06/23/04
- Referral from Dr. Helton to Dr. Cartwright 07/06/04
- Intracorp note 07/08/04
- Initial evaluation of Dr. Cartwright 07/23/04
- Office note of Dr. Hollander 08/20/04, 11/03/04, 01/05/05
- FCE by Dr. Hollander 10/06/04
- Office note of Dr. Sykes 10/22/04
- Psychiatric evaluation 10/22/04
- Surgical consult with Dr. Smith 11/24/04
- Pain management note 11/30/04
- Office note of Dr. Van Der Water 12/16/04
- MRI lumbar spine 12/17/04
- Office note of Dr. Smith 12/17/04
- Office note of Dr. Henderson 12/23/04, 12/27/04, 04/15/05
- Office note of Dr. Sykes 12/23/04, 02/28/05
- IME with Dr. Kirkwood 03/24/05
- Lumbar discogram 04/15/05
- Intracorp letter to claimant and physician 04/27/05
- Chiropractic note 04/27/05
- Letter by Dr. Henderson 05/11/05
- TWCC notice of IRO 06/14/05

CLINICAL HISTORY

The Patient is a 48-year-old male who reportedly sustained a low back injury on ____ from repetitive lifting. Conservative treatment of chiropractic manipulations and modalities, one lumbar epidural steroid injection, and lumbar traction did not resolve the Patient's symptoms. EMG studies dated 10/15/04 and 12/16/04 were negative for lumbar radiculopathy. The 04/21/04 MRI showed mild degenerative changes at the L3-4 and L4-5 disc spaces, with no spinal stenosis. The 12/17/04 MRI lumbar spine revealed degenerative disc disease at the L4-L5 disc space with a central and left sided disc herniation and central spinal canal stenosis on the left at the L4-L5 level. There was also lateral recess and foraminal stenosis on the left at L4-L5 with no evidence of spondylolysis or spondylolisthesis. On 3/24/05 the Patient was determined to be permanent and stationary due to lack of response to treatment. On 04/15/05 a lumbar discogram was positive for concordant pain at levels L3-4, L4-5 and L5-S1 with annular fissures. The treating physician recommended an anterior discectomy and interbody fusion and fixation at levels L3-L4, L4-L5, L5-S1 with posterior decompression at L4-L5 and L5-S1 via total laminectomy at L5, transverse process fusion at L3-S1 bilaterally, and segmented pedicle fixation with cross brace, possible autogenous graft. The request for surgery was denied and was under appeal.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of Anterior discectomy and interbody fusion and interbody fixation at L3-4, L4-5, L5-S1, Posterior Decompression at L4-5, L5-S1 via total laminectomy at L5, Transverse process fusion at L3-S1 bilaterally and segmental pedicle fixation with a cross brace

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend the proposed multi-level discectomy and fusion as being medically necessary. The Review agrees that the multi-level fusions and multi-level discogenic pain respond poorly to fusion procedures. There is no evidence in the records reviewed or on diagnostic evaluation that this claimant has significant instability in his spine. The Patient has multi-level discogenic pain but according to ACOEM guidelines, discogenic pain is not adequately treated with fusion and a discogram is not a good predictor of fusion results. The Reviewer does not recommend this multi-level fusion as being medically necessary for this Patient with purely discogenic disease.

Screening Criteria

1. Specific:

ACOEM Guidelines Chapter 12
Rothman and Simeone; The Spine; pg 349.

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]

Robert Henderson
Attn: Amanda S.
Fax: 214-688-0359

Zurich American Ins. c/o FOL
Attn: Kelly Pinson
Fax: 512-867-1729

Bob Hollander
Fax: 432-363-0952

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 26th day of July, 2005.

Name and Signature of Ziroc Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer