

IRO America Inc.

An Independent Review Organization

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

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August 25, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M2-05-2015-01
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. Occupational evaluation, 11/08/04, 12/06/04, 01/17/05, 03/23/05
2. Office notes, Dr. Houchin, 11/09/04, 11/30/04, 12/21/04, 01/04/05, 01/12/05, 01/25/05, 02/01/05, 02/08/05, 02/15/05, 03/01/05, and 03/29/05
3. Office notes, Dr. Osborn, 11/12/04, 12/01/04, 12/23/04, 03/09/05, 04/11/05, 05/16/05
4. X-ray lumbar spine, 11/16/04
5. Cervical MRI, 12/04/04

6. Cervical epidural steroid injection, 01/04/05, 01/11/05, 01/18/05
7. Lumbar epidural steroid injection, 03/08/05
8. lumbar paravertebral nerve block, 03/29/05
9. Office note, Dr. Frostenson, 05/04/05
10. Plain films lumbar spine, 05/04/05
11. lumbar myelogram, 05/04/05
12. lumbar myelogram and CT scan, 05/04/05
13. Initial visit, Dr. Rosenstein, 05/26/05
14. Review determination, 06/02/05 and 06/07/05
15. Letter by Dr. Rosenstein, 06/03/05
16. Conference with Dr. Rosenstein, 06/03/05
17. Office note, Dr. Rosenstein, 06/07/05

CLINICAL HISTORY

The patient is a 48-year-old assembler who injured his neck, low back and right shoulder while lifting a box at work on _____. The patient was diagnosed with cervical and lumbar strains with somatic dysfunction and right shoulder pain and initially obtained chiropractic therapy, was prescribed medications, and taken out of work. Cervical and lumbar epidural steroid injections did not provide any resolution of symptoms. An MRI of the lumbar spine dated 02/04/05 revealed a disc protrusion at L4-5 that displaced the nerve root sleeve on the left and bulges at L3-4 and L5-S1. A designated doctor's examination on 02/26/05 determined that the patient had reached maximum medical improvement with a 10 percent whole body impairment rating.

Plain films of the lumbar spine dated 05/04/05 revealed loss of disc space height at L4-5 and L5-S1. A lumbar myelogram and post CT scan of the same date revealed a 3 to 4 millimeter broad based central to left parasagittal and slight left intraforaminal protrusion at L4-5 and a 3-millimeter protrusion at L5-S1.

Dr. Rosenstein evaluated the patient on 05/26/05 for complaints of headaches, cervical pain, and bilateral shoulder pain with arm numbness, and pain in the lumbar spine with bilateral leg and toe numbness. Examination revealed tenderness, flexion and extension produced pain and positive straight leg raising at 40 degrees for low back and left leg pain and positive right straight leg raising at 45 degrees for back pain. Dr. Rosenstein diagnosed the patient with L4-5 and L5-S1 disc protrusion and recommended a lumbar discogram as the patient wanted to proceed with surgery.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent, medical necessity of Lumbar discogram at L3-4, L4-5 and L5-S1

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend the proposed discography as being medically necessary for this patient. There is no evidence that the patient has any neurocompressive lesion and he has no neurologic signs to indicate neuropathy. He has had EMG/NCS studies, which were normal. According to ACOEM guidelines, discography is a poor indicator for surgical candidates so consequently the Reviewer cannot recommend the proposed discography as being medically

necessary because there is no evidence that it will change the clinical course for this patient or make any significant difference in his treatment.

Screening Criteria

1. Specific:

ACOEM Guidelines, Chapter 12, pages 304-305

Orthopedic Knowledge Update; Spine 2; Chapter 9, pg. 81-83

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]

Zurich American Insurance/F.O.L.

Attn: Kelly Pinson

Fax: 512-867-1729

Jacob Rosenstein, MD

Attn: Jennifer

Fax: 817-465-2775

Charles Osborn, DC

Fax: 972-660-3606

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 25th day of August, 2005.

Name and Signature of Ziroc Representative:

Sincerely,

IRO America Inc.

A handwritten signature in black ink, appearing to read "Roger Glenn Brown", written over a horizontal line.

Dr. Roger Glenn Brown

President & Chief Resolutions Officer