

IRO America Inc.

An Independent Review Organization

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

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Austin, TX 78731

Phone: 512-346-5040

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August 25, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TWCC #: _____

MDR Tracking #: M2-05-2088-01

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:

Lumbar spine MRI 01/21/05

Office notes of Dr. Morgan 01/25/05, 02/01/05, 02/23/05, 03/09/05

Note of Dr. Oliva, Center for Pain Management Referral 02/15/05

MRI lumbar spine 02/28/05

Operative report 03/31/05

Office notes of Dr. Oliva 04/13/05, 04/21/05, 05/23/05

Operative report 04/21/05
Texas Mutual Review nurse note 06/01/05, 06/21/05
Letter from Dr. Oliva 06/15/05
Texas Mutual Dispute Analyst letter of denial 08/03/05

CLINICAL HISTORY

The patient is a 48-year-old male with a reported injury on ___ sustained while lifting a piece of sheet rock. The patient experienced low back pain and bilateral lower extremity pain. He was treated with medications, physical therapy and epidural steroid injections with improvement of his radicular symptoms. A 02/28/05 lumbar MRI showed degenerative disc disease with spondylolysis at the T9-10 through T12-L1. Disc degeneration at L3-4 and L4-5 was noted along with a small area of posterolateral annular fissuring at the L4-5 level. On 06/15/05 Dr. Oliva noted that the patient had pain over the facet joints and pain more with extension than flexion. Dr. Oliva recommended facet injections bilaterally from L1-S1.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent, medical necessity of Bilateral lumbar facet injections L1-S1.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The patient is a 48-year-old male seven months post injury. MRI findings were indicative of degenerative disc disease at L3-4 and L4-5. The patient has received two epidural steroid injections, one at the L4-5 and the other at L5-S1 resulting in decreased radicular leg pain. Facet injections from L1-S1 are now being requested however cannot be recommended as medically necessary. The MRI did not demonstrate facet arthrosis and injection of the multiple levels planned would not be diagnostic. In addition facet injections are controversial as far as providing long-term pain relief.

Screening Criteria

1. Specific:

Orthopedic Knowledge Update, Spine, pages 195-197

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]

Texas Mutual Ins. Co.
Attn: LaTreace Giles
Fax: 512-224-7094

Michael Oliva, MD
Fax: 806-791-3378

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.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer