

IRO America Inc.

An Independent Review Organization

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

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September 6, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M2-05-2104-01
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 Pain Management. 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

1. Notification of IRO assignment
2. Information provided by Requestor
3. Information provided by Respondent
4. Information provided by Treating Doctor(s).

CLINICAL HISTORY

This patient, sustained a work-related injury on ____, which has resulted in a chronic low back pain condition. He has undergone treatment including surgery to the lumbar spine done on 03/23/01 that consisted of decompressive hemilaminectomy and foraminotomy and a spinal fusion at L3/L4, which reportedly helped with symptoms initially. His symptoms have continued to be problematic over the years, however, with the patient eventually coming under the care of Dr. Randhawa under pain management. Review of these records shows treatment attempts initially with facet joint and sacroiliac injections. This patient has also been treated with a combination of medications including short-acting opioids in the form of Norco with him usually taking 2 or 3 tablets a day as well as Celebrex, Zanaflex, and Lexapro for some depressive symptomatology. This combination of medications has remained fairly stable and consistent over the course of his treatment by Dr. Randhawa. Eventually, the patient indicated a desire to be considered for a morphine pump to be placed on the spine. He underwent a trial with followup notes indicating that the claimant was “somewhat satisfied” with the morphine pump and that he would “like to have a permanent one placed.”

DISPUTED SERVICE(S)

Under dispute is prospective medical necessity of placement of a permanent intrathecal morphine pump.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer agrees with the previous reviewers that this patient’s objective response to the morphine pump trial is less than optimal. However, in addition to this concern, the Reviewer believes that the trial with the morphine pump may have been a bit premature, as other treatment options prior to consideration for morphine pump are routinely considered. This may include more aggressive treatment with oral medications such as the longer acting opioids, etc. In the Reviewer’s medical opinion, oral medication regimens should be tried and/or optimized prior to consideration of a permanent morphine pump. Mention was also made of possible referral to a chronic pain program where his emotional and psychological consequences could also be potentially addressed in addition to his ongoing pain symptoms, etc. This may certainly be an option to consider, as well, if all other approaches prove to be unsatisfactory.

Screening Criteria

1. Specific:

Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters

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]

Manjit Randhawa
Attn: Darla
Fax: 979-849-1423

SORM
Attn: Jennifer Dawson
Fax: 512-370-9170

William Watters MD
Fax: 713-790-7500

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 6th day of September, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO