

# IRO America Inc.

## An Independent Review Organization

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

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July 12, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1481-01

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: 3-3-05, and 3-17-05 UniMed Letters of Denial Office notes, Dr. David Dennis 3-10-05 Positive Pain Management 10-2000 Laredo Work rehab 2-21-01 Laredo Pain Center 10-5-01 Dr. Obermiller 2-21-2001 PMP Dr. Sued 4-30-02 Surgery 6-5-02 CT report 9-30-02 Concentra case manager note 12-11-2 MMI 11-17-3 UniMed 2-22-4 UniMed 3-04 CPMP: Records of Laredo Spine Medical Center 5-2-4 Record review Dr. Stephen Esses 5-21-4 UniMed 7-2-04 Dr. David Perron 10-15-04 MRI 1-24-05 Zielgler Phd 3-10-05 Positive Pain Management.

## CLINICAL HISTORY

9-19-00 lifting heavy tray 50 lbs.  
10-2000 Laredo Work rehab  
2-21-01 Laredo Pain Center for ESIs  
10-5-01 Dr. Obermiller multiple Waddells, dx lumbar strain RTWFD  
10-11-01 Dr Dennis initial ov. Dx lumbar disc syndrome L5S1, bil radic r>l. Obesity  
Recs nonsurg care by Dr. Raimondo  
2-21-2001 PMP Dr. Sued recs ESIs. had PT and psychology sessions in 2001 see 7-2-4  
Dr. Perron below  
3-7-02 D dis since 12-00. Disc collapse on MRI with bil severe foram st. Left S1 dist of pain (IF)  
4-30-02 Surgery, Dr. Dennislam l5, facetectomies, plif pedicle screws. No complications.  
5-9-02 c/o a lot of pain left leg  
5-23-02 D pt c/o left leg pain. Neurontin and MDP GI bleed Plans CT and PCP  
6-5-02 CT report Possible fracture of L5 vertebral body anterior to the Left L5 pedicle screw. No NR noted  
6-7-02 D no nr from the screw on CT. The fracture is anterior cortex  
9-13-02 D says the ct was negative but because of the severe left leg pain, would like to perform hardware removal and exploration  
9-30-02 Concentra case manager note: pt c/o severe left leg pain  
10-3-02 D xr fusion is well healed. Considering hardwar removal and explaration of left nerve root  
12-05 02 Surgery lumbar lam L4 and L5 pt ???  
12-11-2 MMI  
1-30-3 pt cancels hardware removal  
6-18-03 D disabled.  
11-17-3 UniMed approves CPMP 6 psych therapy sessions and 4 medication management sessions  
2-22-4 UniMed partial approval for 10 sessions CPMPof multidisciplinary pain management services.  
3-04 CPMP: Records of Laredo Spine Medical Center for stress management, pin ect groups Dec 2003, Jan 15, March 1,2,3,4, 8,9,10,11, 2004. Pt pessimistic, fair progress, struggling with pmp. Treated with Paxil  
4-1-04 Dr. Dennis Pt in CPMP. He's encouraging her to finish the program. Still concerned about the hardware on left. Pt doesn't want to have hardware removal.  
5-2-4 Record review Dr. Stephen Esses. Thinks pt "would have reached maximum medical improvement by 10-05-01 because the dx was a lumbar sprain and a preexisting ddd. No doc of a structural injury. Sugery not necessary.  
5-21-4 UniMed denial for further cpmp. Program was stopped secondary to staff concern about another operation being planned. "At this time there is no documentation in the record that the current treating physician (J Gonzalez) has exhausted all other appropriate forms of treatment for this problem, a clinical indication for initiating a comprehensive (pmp)"  
7-2-04 Dr. David Perron, RME pt was taken off work by PMP Dr. Sued May 2001 hasn't worked since. Nonsurg: PT, DC, pmp dr sued, ESIs, 2001 PMP had PT and psychology sessions in 2001. LLand F pt says was no better. Completed pmp in April ? 2004, further pmp was denied and medication denied. Pt is buying meds in Mexico! Norco, Nap, bovaxin.. Thinks treatment

was excessive. None of the treatments provided gave this patient any sustained relief. Per her report. Recs OTCs ONLY. The effects of the compensable injury have not resolved.

9-16-04 D possible pseudo considering hardware removal and fusion exploration. But may be solidly fused based on xr.

10-15-04 MRI multilevel degen, left 23 disc, 34 disc, 45 facets, interbody fusion 51. No stenosis of recurrent hnp. No nr for mid-lower radic.

1-6-5 Dr D MRI no change from previous. No surgery planned. Chronic pain

1-24-05 Zielgler Phd Summarizeds treatment hx. No cpmp noted. Symptoms as below. Depression per Beck inventory Dx depressive disorder

1-28-05 Dr. Dennis states pt needs cpmp. No mention of causal rel. Dx 'chronic pain', psot lam syndrome

3-10-05 Positive Pain Management M Caruso, Phd contacted Dr. Dennis and one other source, Dr. Ziegler Phd. no corroborating evidence that pt had previous cpmp. Documents treatment history of fusion, etc, and present condition of pain 7/10, depression, anxiety, fear of reinjury, activity avoidance, and functional level of 70% preinjury level. Quotes ACOEM for cpmp, meets admission criteria.

3-3-05, and 3-17-05 UniMed Letters of Denial. The carrier states that the patient was treated in a chronic pain management program in 2004, but the letter of request dated 3-10-05 denies this. The reason for repeating a chronic pain program is not clear: no mention of previous program, no discussion of the relationship between pt's previous treatment history and the current request. Physician Advisor states that Dr. Wosham (requestor) was not aware of patient's previous treatment in a chronic pain management program (CPMP).

### **DISPUTED SERVICE(S)**

Under dispute is the prospective and/or concurrent medical necessity of approval for 30 days chronic pain management program.

### **DETERMINATION/DECISION**

The Reviewer disagrees with the determination of the insurance carrier.

### **RATIONALE/BASIS FOR THE DECISION**

The UniMed physician advisors were correct that this patient had already been treated in a CPMP, but the patient did not complete the first CPMP. The program was briefly interrupted because further surgery was being contemplated, and resumption of the program was denied. The rationale for denial is difficult to understand, "At this time there is no documentation in the record that the current treating physician (J Gonzalez) has exhausted all other appropriate forms of treatment for this problem, a clinical indication for initiating a comprehensive chronic pain management program." All other alternatives had been exhausted and the program had not been completed. In the Reviewer's medical opinion, the patient did not complete the program, if there were still authorized treatments, and if the medical director of the Laredo Spine Medical Center felt that further treatment had a reasonable chance of improving the patient's condition. The patient should be allowed to resume a CPMP. There's sufficient documentation that she fills reasonable criteria for pain management (see 3-10-05 Positive Pain Management note).

### **Screening Criteria**

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: Positive Pain Management  
Attn: Heidi Wilson  
Fax: 972-487-1916

Fire & Casualty Ins. Co.  
Attn: Tom Lang  
Fax: 512-452-7004

Dr. David Dennis  
Fax: 210-293-3902

## 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 12<sup>th</sup> day of July 2005.

Name and Signature of Ziroc Representative:

Sincerely,

**IRO America Inc.**



Dr. Roger Glenn Brown

**President & Chief Resolutions Officer**