# Z iro C

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June 21, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient:
TWCC #:
MDR Tracking #: M2-05-1601-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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. This case was reviewed by a licensed Provider board certified and specialized in Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional 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 Ziroc 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 including: Request for Authorization form Phil Bohart MS, CRC, LPC, Letter of Medical Necessity from Rita-Sealy Wirt DC, Medical notes from Donald Dutra MD, Evaluation notes from Elizabeth Keller RN, CT myelogram of Lumbar spine, Electrodiagnostic study lower extremity, Lumbar MRI 12/3/03, Operative report from Karl Swann MD, Lumbar MRI 11/18/03, SOAP notes from treating doctor, notes from Fernando Avila MD.

## CLINICAL HISTORY

Mr. ___ suffered a work related injury to his left leg on ___ while working for . He was apparently using a bucket as a step stool to reach the tile, when he lost his balance, causing him to fall and sustain injury to his back and left leg.

## DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of 10 sessions of chronic pain program-97799-CP.

## DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

## RATIONALE/BASIS FOR THE DECISION

In the Reviewer's medical opinion this case appears to be mishandled based on the information reviewed. From the records reviewed, primary, secondary, and tertiary levels of care were not exhausted prior to surgery. The course of care dictated by the treating doctor could have been completed in a more time efficient manner, resulting in a better patient outcome assessment. There also appears to be a delayed referral time in requesting tests for the benefit of the patient. This delay in treatment conflicts with the Mercy Guidelines, Texas Guidelines for Quality Assurance and Practice Parameters, Texas Workers Compensation Lower Extremity Treatment Guidelines §134.1003, and Texas Work Comp Spinal Treatment Guidelines §134.1001. In the Reviewer's medical opinion, the delay in referrals and expeditious treatment has pushed the services in dispute into an invalid time frame of care with the VAS at a stabilized point implying MMI. A chronic pain management program would be utilized prior to surgery in order to progress the patient into a qualified active rehab/work-hardening program. Surgery should be considered as a last option after lower levels of care are exhausted per treatment guidelines referred to above. Since surgery was performed, the patient became even more de-conditioned, and an active rehab/work-hardening would be the next step, as the work hardening program would address the psychological component of care. At this time this patient can be given a home exercise program to follow through with and if needed, a referral to the Texas Rehab Commission. Per ACOEM (*American College of Occupational & Medical Guides*) Guidelines, chapter 14, table 14-3, pages 369-371, table 14-6, page 382, and additionally pages 90-92, 113-115, as well as in conjunction with the Official Disability Guidelines, 9th edition, which both state and reference that if an individual's restoration is insignificant in relation to the extent and duration of the services performed, or required to achieve such potential and restoration, then the services are not considered reasonable or necessary. Furthermore, the records that have been submitted do not show any objective functional improvement or reflect a progression towards a self-directed care type program/home exercise program (ACOEM Guidelines, pages44, 83, and 92). Evidence of objective functional improvement is essential to establishing a reasonableness and necessity of care, progression towards a self-directed program/home exercise program, and maximizing activity tolerance are best practices to reduce somatization and physician dependency (ACOEM Guidelines, page 40).

**Screening Criteria**

1. Specific: . Mercy Guidelines, Texas Guidelines for Quality Assurance and Practice Parameters, Texas Workers Compensation Lower Extremity Treatment Guidelines §134.1003, and Texas Work Comp Spinal Treatment Guidelines §134.1001 & ACOEM (*American College of Occupational & Medical Guides*) Guidelines, chapter 14, table 14-3, pages 369-371, table 14-6, page 382, and additionally pages 90-92, 113-115, as well as in conjunction with the Official Disability Guidelines, 9th edition & ACOEM Guidelines, pages44, 83, and 92 & ACOEM Guidelines, page 40.
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. Screening criteria should be cited in each review of medical necessity.

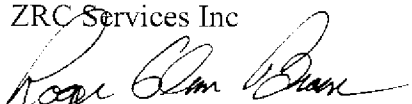
**CERTIFICATION BY OFFICER**

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the Reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc 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,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

Cc: Buenavista Workskills
Attn: James Odom
Fax: 214-692-6670

St. Paul Fire & Marine Ins.
Attn: Jeanne Schafer
Fax: 512-347-7870

Rita Sealy
Fax: 210-572-1351

## 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 21st day of June 2005.**

**Name and Signature of Ziroc Representative:**

Sincerely,
ZRC Services Inc

Dr. Roger Glenn Brown
Chairman & CEO