

# 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**

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July 12, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: \_\_\_\_\_

TWCC #: \_\_\_\_\_

MDR Tracking #: M2-05-1769-01

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: MRI reports, progress notes.

### CLINICAL HISTORY

A 48-year old woman who allegedly injured herself on \_\_\_\_, while employed for \_\_\_\_ Patient underwent an anterior cervical discectomy and fusion in April of 2004 with no significant improvement.

Patient had persistent low back pain and was treated with anti-inflammatory medicines, activity modification, physical therapy, and with epidural steroid injections/lumbar facet injections. All gave no long-term relief of symptoms.

Patient has had a lumbar MRI done in July of 2004 which demonstrated disc desiccation/dehydration at L5-S1 with a large central HNP measuring 6-mm at that level. Examination on January 20, 2005, by Jacob Rosenstein, M.D., a neurosurgeon, demonstrates that the patient has normal reflexes and muscle strength with negative straight leg raises bilaterally.

A CT scan of the lumbar spine done on January 19, 2005, reveals a 4-mm central disc protrusion at L5-S1 and a 2-mm right-sided L4-L5 disc with foraminal protrusion.

On March 3, 2005, Dr. Rosenstein has recommended a lumbar myelogram with post-myelogram CT scan.

On April 1, 2005, the lumbar myelogram and post-myelogram CT scan revealed a 3-mm central disc protrusion at L5-S1 and a 2-mm right-sided L4-L5 disc protrusion/bulge.

On April 4, 2005, Dr. Rosenstein recommended a lumbar discogram to determine the pain generator between L3 and S1.

Based on the information provided I would have to deny the request for the lumbar discogram with post-CT scan.

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

Under dispute is the prospective and/or concurrent medical necessity of lumbar discogram w/post CT scan.

#### **DETERMINATION/DECISION**

The Reviewer agrees with the determination of the insurance carrier.

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

In the Reviewer's medical opinion this surgery is not recommended. Discography does not identify the symptomatic high intensity zone and concordant symptoms with the disc injection is of limited diagnostic value and can produce significant symptoms more than a year later.

#### **Screening Criteria**

1. Specific:

[www.odg-twc.com](http://www.odg-twc.com) under discography; *Spine: Core Knowledge of Orthopaedics* by Alexander R. Vaccar, Chapter 4, pp. 52-54; ACOEM Chapter 12

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]

Dr. Jacob Rosenstein  
Attn: Cheryl  
Fax: 817-465-2775

American Home Assurance  
Attn: Annette Moffett  
Fax: 512-867-1733

Dr. Jon Swhweitzer  
Fax: 817-503-9867

## 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**