

ZRC MEDICAL RESOLUTIONS

August 4, 2006

AMENDED August 4, 2006

Re: MDR #: M2 06 1658 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Zurich American Ins.

REQUESTOR: Texas Back Institute

TREATING DOCTOR: Renato Bosita, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in orthopedic surgery and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on August 4, 2006.

Sincerely,

jc

Jeff Cunningham, DC
President



REVIEWER'S REPORT

M2 06 1658 01

Information Provided for Review:

1. DWC assignment with notification of IRO assignment and Table of Disputed Services
2. Medical Dispute Resolutions request response
3. Zurich Services Corporation denial letters
4. Requestor's records
5. Carrier's records

Clinical History:

The patient is a 44-year-old male who injured his lower back in ___ while standing in front of a desk. He was struck by a forklift. The patient has a long history of low back pain previously treated with epidural steroid injections. The patient had a positive discogram at L4/L5 and L5/S1 with positive myelogram. The patient had therapy. Charite disc replacement at 2 levels was recommended by the treating surgeon.

Disputed Services:

L4/5 and L5/S1 Charite disc replacement surgery has been denied as medically unnecessary by the insurance carrier.

Decision:

I DISAGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

Rationale:

Based on the patient's medical records as well as the 7 months that have lapsed since the date of injury, it appears that he has well documented disc dysfunction at L4/L5 and L5/S1. He has failed conservative management including physical therapy and injections. He could benefit from disc replacement surgery. Because of his age, it would probably be worth it to try disc replacement rather than fusion, along the long-term results are not out there yet.

Screening Criteria/Literature:

Clinical judgment and review of the medical records in this patient's case as well as standard indications for disc replacement were used as treatment guidelines to determine the standard of care in this patient.