

# ZRC MEDICAL RESOLUTIONS

October 12, 2006

Re: MDR #: M2 06 1948 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: Jacobs Engineering**

**TREATING DOCTOR: Kenneth Berliner, 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 October 12, 2006.

Sincerely,

Handwritten initials 'JC' in a stylized, cursive font.

Jeff Cunningham, DC  
President



**REVIEWER'S REPORT  
M2 061948 01**

MEDICAL INFORMATION REVIEWED:

1. Notification of IRO assignment
2. Medical dispute resolution request response
3. Surgery reservation sheet, Lone Star Orthopedics
4. Table of Disputed Services
5. Concentra Insurance Company denial letter
6. Another insurance company denial letter
7. Requestor's records
8. Carrier's records

BRIEF CLINICAL HISTORY:

The patient is a 31-year-old adult male who suffered a work-related injury on \_\_\_ while carrying a heavy metal valve. He tripped over a hose, causing a twisting-type torsion injury to his lumbar spine. He developed chronic lumbar disc dysfunction and was treated extensively with conservative management therapy, medications and oral anti-inflammatory medications. Because of persistent pain, epidural steroid injections were requested but denied by the insurance carrier. Because of even more persistent pain and CT discography findings concordant with L5/S1 dysfunction, an L5/S1 lumbar disc replacement surgery has been requested as treatment for this patient's chronic pain.

DISPUTED SERVICES:

Charite lumbar disc replacement surgery at L5/S1 has been denied as medically unnecessary.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

This patient does qualify for disc replacement surgery but not have facet arthrosis at single level disease and has a positive concordant discogram. In addition, the patient has failed conservative measures. Orthopedic Knowledge Update Number 3 published in 2006 gives good short-term results for disc replacement in indicated patients such as this one. Long-term results are not there. However, just because this procedure is "experimental" does not necessarily give adequate reason for an insurance company to

deny it. Short-term results appear to be better than fusions, and this may turn out to be as good or better for long-term pain relief or lumbar disc dysfunction refractory to conservative management.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:  
Orthopedic Knowledge Update and clinical experience as a board-certified orthopedic surgeon.