

# ZRC MEDICAL RESOLUTIONS

October 10, 2006

Amended October 16, 2006

Re: MDR #: M2 07 0024 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: ESIS**  
**TREATING DOCTOR: John Sazy, 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 10, 2006.

Sincerely,

Handwritten initials "JC" in black ink.

Jeff Cunningham, DC  
President



**REVIEWER'S REPORT**  
**M2 07 0024 01**

MEDICAL INFORMATION REVIEWED:

1. John Sazy, M.D.
2. HealthSouth Facility of Arlington, Texas
3. DNI of Arlington, Texas
4. Texas Imaging of Ft. Worth, Texas
5. Craig Danshaw, D.O. of Ft. Worth, Texas

BRIEF CLINICAL HISTORY:

The patient is now a 52-year-old female suffering a lumbar injury on \_\_\_\_\_. She has a past history of morbid obesity treated with a gastric banding procedure and significant weight loss. She has persistent low back pain and is felt to be a candidate for surgical treatment for mechanical low back pain.

DISPUTED SERVICES:

TLIF L3/L4 and L5/S1 with pedicle screw fixation of L3/S1.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

There is inadequate documentation to justify a multilevel anterior and posterior spine fusion. There is no documentation of physical findings that would justify the diagnosis of compressive radiculopathy. Though Dr. Sazy states there has been a discogram and other imaging studies, none are documented by radiology reports in the information provided. There is no documentation of potential pain generators, no documentation of instability, and no documentation of compressive neuropathy that would extensive decompression surgery. The documentation is clearly inadequate to justify preauthorization for such an extensive surgical procedure. The results of such surgical procedures are diminished by the necessity to perform such procedures at more than 2 levels. The current literature does not justify such surgical procedures under circumstances where no instability is evident, where no physical findings of compressive neuropathy are documented, where no effort has been made to identify all pain generators, and where no preoperative physical therapy regimen has been documented.

SCREENING CRITERIA/TREATMENT GUIDELINES:

Campbell's Operative Orthopedics and Frymoyer's The Adult Spine, Second Edition, recent instructional course lectures on the spine and complications of spine surgery provided by the American Academy of Orthopedic Surgeons.