

ZRC MEDICAL RESOLUTIONS

November 14, 2006

Re: MDR #: M2 07 0094 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: National Union Fire Ins. Co.

REQUESTOR: Arvo Niedre, MD

TREATING DOCTOR: Arvo Niedre, 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.

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

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

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 November 14, 2006.

Sincerely,



Jeff Cunningham, DC
President



REVIEWER'S REPORT
M2 07 0094 01

MEDICAL INFORMATION REVIEWED:

1. DWC assignment
2. Insurance company denial letters
3. Table of Disputed Services
4. Requestor's records
5. Office notes from Dr. Arvo Neidre of South Texas Orthopedic and Spinal Surgery Associates
6. Multiple operative reports
7. Records from multiple pain consultants including Darius Zygunas and Robert Joiner

BRIEF CLINICAL HISTORY:

The patient has had multiple spinal procedures, approximately 5, for decompression and fusion resulting in chronic pseudoarthrosis. Re-operation with 3-level length of stay and repeat lumbar fusion with internal fixation has been recommended by her treating spine surgeon at the L4/L5 and L5/S1 levels.

DISPUTED SERVICES:

L4/L5 and L5/S1 repeat lumbar fusion and instrumentation with 3-day length of stay has been denied as medically unnecessary.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

The patient has had 5 failed back surgeries and is a noncompliant history due to the smoking history, and is not a good candidate for repeat operation. In addition, the requestor's medical records are grossly inadequate with no physical examination at all. I am unable to authorize surgery based on inadequate records that do not document a physical examination, which is below the standard of care.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

Common sense and standards of medical care in the community as well as board certification in orthopedic surgery.

