



SENT TO: Texas Department of Insurance  
Health & Workers' Compensation Network Certification & QA  
Division (HWCN) MC 103-5A  
Fax: 512.804.4868

Valley Total Healthcare  
Nick Kempisty  
214.943.9407

Liberty Mutual  
Staci Stringer  
603.334.8064

Ruben Pechero, MD  
956.686.2942

01/19/07

RE: IRO Case #: M2.07.0533.01  
Name: \_\_\_\_\_  
Coverage Type: Workers' Compensation Health Care - Non- network  
Type of Review:  
     Preauthorization  
     Concurrent Review  
     Retrospective Review  
Prevailing Party:  
     Requestor  
     Carrier

ZRC Medical Resolutions, Inc. (ZRC) has been certified, **IRO Certificate 5340** by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to ZRC for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

ZRC has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, ZRC reviewed the medical records and documentation provided to ZRC by involved parties.



This case was reviewed by a D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine Rehabilitation, and Pain Management. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of ZRC, I certify that:

1. there is no known conflict between the reviewer, ZRC and/or any officer/employee of ZRC with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on 01/19/07.

RIGHT TO APPEAL:

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Jeff Cunningham, D.C.  
President/CEO



# MEDICAL RESOLUTIONS



## REVIEWER REPORT

M2 07 0533 01

**DATE OF REVIEW:** 01/16/07

**IRO CASE #:** M2-07-0533-01

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Ten sessions of chronic pain management.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine Rehabilitation, and Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Licensed psychological counselor/intern documentation
2. Orthopedic evaluation of 10/03/06
3. MRI scan report of 12/23/05 indicating a herniated disc at L5/S1
4. Notes from Ms. Lisa Gill

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

On \_\_\_\_, the patient was throwing some trash out at work when he developed lower back pain. He was found to have a herniated disc. Records are rather confusing. The psychological indicates that he had surgery for a hernia, implying that the hernia was the L5/S1 disc herniation. Other records have indicated that he had a hernia repair for an inguinal-type hernia. Surgery was recommended as of August 2006, and there was one note indicating that there was a fusion at the L5/S1 level in August 2006. No operative note is reviewed. The note of 10/03/06 indicated that a discogram was being ordered, but this had not been performed. He was having spasms in his lower back with radiating pain

into both legs with a positive straight leg raising at 35 degrees and decreased reflexes in the bilateral lower extremities.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The medical records are not clear as to whether or not this gentleman has undergone a fusion of the L5/S1 level. If he has undergone a fusion, his symptomatology has recurred or never went away as evidenced in the 10/03/06 orthopedic report. If he did not have a fusion, he is certainly not yet at maximum medical improvement, as it appears as though a fusion was warranted at least as noted in the records that I have reviewed. In any event, he does not appear to be at maximum medical improvement, and a chronic pain program at this point in time is premature, in my opinion, and not supported on the basis of the records that I have reviewed. This tenderness has a disc herniation that has either been fused or needs fusion. In either event, he is not at maximum medical improvement and is not, in my opinion, a candidate for entering into a chronic pain program. Clinical examination of the orthopedic surgeon on 10/03/06 indicates he is not at maximum medical improvement. It is, therefore, my opinion that it is premature for him to be considered for a chronic pain program.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- X Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)