

IRO – AMERICA - Ziroc

June 26, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient: _____
TWCC #: _____
MDR Tracking #: M5-03-1127-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Allergy and Immunology. The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

_____, a 42-year-old woman, was replenishing the fluids in a copy machine and apparently spilled methanol on the floor of a copy room that was 5' x 5' in size. The room had two doors, one of which was partially open. There was also a colleague present who was approximately four feet away. Ms. _____ was apparently unaffected until 18 hours or a few days later, depending upon which recount of her history is read, when she experienced symptoms of weakness and vomiting. In addition, her head felt like it was burning and her skin felt like it was on fire. Over the next few weeks she experienced weight loss, nausea, weakness and a sensation of burning skin that persisted to the extent that she left her job, in spite of no continued documented exposure.

A number of neuropsychological studies have been performed indicating that this patient had some abnormalities. She also currently has what are being described as pseudoseizures that have a tonic component without a clonic component. In addition, there was an assessment by Dr. Millard at Baylor, however his report was not included in the information that was provided for review.

With regards as to whether or not allergen testing and immunotherapy were medically necessary in this patient from 9/6/01 through 6/25/02, it should be noted that no records of therapy during that timeframe were provided. However, William J. Rea, M.D., in his letter dated 1/1/01 refers to the need for allergen immunotherapy. Upon review of materials, it was noted that this patient had a childhood medical history that did not contain allergic disease. Her family history was reported as being positive for allergies, but negative for food allergies, chemical allergies, and asthma; the nature of those allergies was not described. The patient's review of symptoms disclosed some sinus disease and headaches, though symptoms of seasonal allergic rhinitis, i.e., heavy fever, were not specifically mentioned. In addition, the patient has some complaints of shortness of breath and chest tightness, although there were no pulmonary function studies included in the material sent for review.

Under these circumstances, allergy testing might be done in an attempt to discern the etiology of Ms. _____'s sinus disease and her shortness of breath; however, allergen immunotherapy is not typically undertaken for the type of symptoms that this patient has. The symptoms associated with allergic nasal disease include ocular pruritus, sneezing, nasal pruritus, and clear rhinorrhea. In addition, the patient had complaints of some shortness of breath, although there is no documented pulmonary function deficit. Therefore, allergen immunotherapy would be of questionable value in a patient in the absence of these specific types of symptoms.

In the discussion by Stephen Cordos, D.O., he says that there are reports of methanol shown to induce small areas of hemorrhage within the brain, producing residual permanent damage. He does not say whether or not this exposure to methanol was ingested or inhaled, and he does not give a reference for that statement. It is mentioned in a number of letters that, in patients with this type of illness, it is common for physicians not to agree on all areas of diagnosis and treatment. The reviewer certainly supports that contention. *The Journal of Allergy and Clinical Immunology*, January 1999, volume 103, pages 36-40, contains a position paper on environmental illness. In addition, it should be noted that in Dr. Rea's letter he cites a number of references for skin testing and antigen treatment, but the referenced in his bibliography under that heading are from ear, nose and throat journals, not specifically allergy journals.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, allergy testing and allergen immunotherapy provided from 9/6/01 through 6/25/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

It is important to recognize the differences in approach between ear, nose and throat surgeons who practice some allergy and board-certified allergists who do not perform surgery and whose study and understanding of the medical aspects of allergy are, in the reviewer's opinion, greater than those who have been trained in another area such as surgery, who are then also doing some allergy in their practice as well. There is no documented value of allergen immunotherapy for

foods, which Dr. Rea mentioned is included in his treatment mix, and his schedule of administering the allergen immunotherapy is also different from that performed by board-certified allergists/immunologists. A reference for the indications of allergen immunotherapy can be found in the *Asthma and Allergy Proceedings*, 2000 May-June, pages 159-166.

Therefore to summarize, while the Ziroc reviewer believes that allergy testing could be justified in an attempt to work-up this patient's sinus disease and shortness of breath, other tests such as a CT of the sinuses and pulmonary function tests were not performed to elucidate the degree of severity and nature of these problems. Allergen immunotherapy is generally recommended for people with different types of symptoms and performed in a manner different than that recommended by Dr. Rea.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director