

MDR Tracking Number: M5-03-1910-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The chronic pain management on dates of service 4/11/02 and 4/12/02 was found to be medically necessary. The requestor submitted a withdrawal for dates of service 1/29/02 and 5/16/02. The respondent raised no other reasons for denying reimbursement for these chronic pain management charges.

This Finding and Decision is hereby issued this 5th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 1/29/02 through 5/16/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 5th day of June 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

Enclosure: IRO Decision

May 22, 2003

REVISED

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

Patient:
TWCC #:
MDR Tracking #: M5 03 1910 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.

This case was reviewed by a licensed Doctor of Chiropractic. 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

This patient was injured on the job when he bent over to pick up a sign that had fallen and had a sudden onset of low back pain. He continued to work on his job, according to records, but later began seeing Dr. Pisharodi. After therapy failed to reduce the pain, he underwent a lumbar discectomy/laminectomy with a fusion at L4/5 and L5/S1. This was his 2nd surgery on the lumbar spine. The surgery apparently did not alleviate his pain and he began seeing Dr. Howell for his pain. Extensive treatment was rendered in this case and the patient was treated with a chronic pain program.

DISPUTED SERVICES

The carrier has disputed the medical necessity of a FCE on January 29, 2002 chronic pain management from April 11, 2002 through April 12, 2002.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

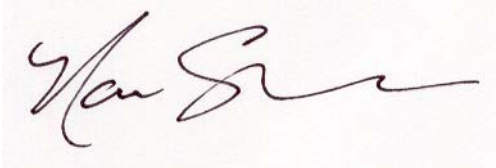
This patient was clearly a failed back surgery case. Not only did the surgery fail, it did so twice. The treating doctor on this case was certainly justified in performing the FCE initially and the chronic pain treatment was well documented as being within the reasonable and necessary requirements on a case such as this. The patient made good progress with this program and was treated appropriately within available guidelines, including the North American Spine Society's guidelines which apply to cases such as this. As a result, the treatment rendered was reasonable and necessary for this patient. The FCE was also a reasonable method of assessing the patient's condition and should be considered necessary in this case.

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,

A handwritten signature in black ink on a light-colored background. The signature is cursive and appears to read "Nan Cunningham".

Nan Cunningham
President/CEO

CC: Ziroc Medical Director