



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

John Parker, DC  
Fax: 972.255.9712

Fidelity and Guaranty Ins.  
Fax: 512.867.1733

RE: IRO Case #: M2 07 0321 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 chiropractor. 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 January 18, 2007.

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



**REVIEWER'S REPORT**  
**M2 07 0321 01**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:** According to notification of IRO assignment, the disputed services include 12 visits of rehabilitation and a 6-week time frame that included CPT codes 97110, 97140, and 97530.

**REVIEW OUTCOME:**

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

\_\_\_\_\_ Upheld (Agree)

  X   Overturned (Disagree)

\_\_\_\_\_ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

Approximately 122 page of records including but not limited to 3 pages of Texas Department of Insurance Workers' Compensation-60 form, 4 pages of utilization review records from Ms. Labor, the utilization review nurse, 3 pages of records from Dennis DiGiorgi, D.C., approximately 2 pages from David McKennis, M.D., and the remaining approximately 110 pages from Tucker Chiropractic regarding daily notes, functional capacity evaluation, and such.

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

This case involves a 51-year-old female who stated that on \_\_\_ at approximately 12:00 PM, she was involved in an on-the-job injury. She reported that her injury was caused by lifting a treadmill while twisting to the side. She complained of loewr back pain with pain in the right lower extremities and experienced thigh pain, numbness, and tingling.

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

According to the first peer review physician, Dr. David McKennis, M.D., who generated a report on 10/03/06, Dr. McKennis stated, “I think through the good work of the provider's clinic, the patient did show much improvement and was back at work. This is not to say that additional therapy is not needed, but only that it need not be necessary to be through skilled therapists but rather through an active, independent home exercise advocated by the ODG and ACOEM evidence-based guidelines.” Dr. McKennis further states in his rationale that he commented to Dr. Parker that he would examine the guidelines based on the fact that it was not just a lumbar spine strain but also radicular

components. However, he further states that per the ODG guides, the medical treatment for this kind of injury does not go over 12 sessions.

Later on 10/12/06, Dennis DiGiorgi, D.C., denied the request for care based on a ACOEM guidelines. Both of the providers quote ACOEM and ODG guidelines. It must be noted that these references are guidelines by nature and both complicating and other clinical features must be taken into consideration. Furthermore, although guidelines are important for an evidence-based practice, one has to consider first the law in the State of Texas. According to the Texas Administrative’s Code, Rule 180.22, Section A-1, verse 3, under Healthcare Provider Roles and Responsibilities, the Rule states, “Healthcare providers shall provider reasonable and necessary healthcare that: cures or relieves the effects naturally resulting from the compensable injury; promotes recovery; and/or enhances the ability of the employee to return to or retain employment.

The law in the State of Texas has further defined medical necessity utilizing this definition as any treatment that promotes recovery, cures or relieves the effects naturally resulting from a compensable injury. Based on the definition of the law and not the guidelines, I find in favor of the provider.

**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.
- 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).
- Administrative code, Title 28, Part 2, Chapter 180, subchapter B, Rule 180.22 1-3, Texas Labor Code Section 408.021.