MDR Tracking Number: M5-02-2118-01

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.

Dates of service 1/18/01 through 1/24/01 are out of jurisdiction per the one year rule, therefore will not be mentioned further in this Finding and Decision.

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.

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 work hardening program was found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the work hardening program.

This Finding and Decision is hereby issued this 7th day of October 2002.

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 1/25/01 through 2/8/01 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 7th day of October 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

September 12, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2118-01
IRO Certificate #: 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 53 year old female sustained a work related injury on ___ when she was hit in the chest by a cart and knocked onto a table. She complained of chest and lower back pain. She has been under the care of a general practice physician for medications and a chiropractor for physical medicine. The patient participated in a work hardening program from 01/18/01 through 02/08/01.

Requested Service(s)

Work hardening program dated 01/25/01 through 02/08/01.

Decision

It is determined that the work hardening program from 01/25/01 through 02/18/01 was medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the medical record documentation, this patient had functional limitations as a result of her injury. The patient underwent an MRI of the lumbar spine that revealed multiple herniations and nerve conduction velocity/electromyography (NCV/EMG) studies that confirmed bilateral S1 radiculopathy. The patient was placed at a maximum medical improvement with a 19% impairment. The purpose of a work hardening program is to enable a patient to retain or return to employment. Numerous clinical guidelines state that a course of work therapy is appropriate to address psychological and functional abnormalities. As part of a standard clinical progression, patients that fail other levels of care should be placed in a highly structured, goal oriented, multidisciplinary course of treatment. Conservative applications on primary, secondary, and tertiary levels of care should be explored prior to invasive surgical applications, as noted in North American Spine Society ((NASS); 2000. pg.96 "Phase III Clinical Guidelines for Multidisciplinary Spine Care Specialists". In this case, the patient was progressing through the most appropriate course of therapeutic care. Therefore, the work hardening program from 01/25/01 through 02/18/01 was medically necessary to treat this patient's condition.

Sincerely,