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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **The requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that Work Hardening was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that Work hardening fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service 2/13/01 thru 2/23/01 were denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of, May 2002.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

April 30, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2145-01
IRO Certificate #: 4326

___ 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 48 year old female was injured on ___ and was diagnosed with thoracic strain by ___. The patient went to ____ on 07/21/00 and the examination revealed nonspecific back and neck pain.

Requested Service(s)

Services in question billed between 01/10/01 and 01/26/01 described as work hardening and again between the dates of 02/13/01 and 02/23/01, in addition to the social services assessment on 01/31/01 and 03/02/01.

Decision

It is determined that the services in question billed between 01/10/01 and 01/26/01 described as work hardening and again between the dates of 02/13/01 and 02/23/01, in addition to the social services assessment on 01/31/01 and 03/02/01, were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient was treated 28 times by the chiropractor in the subsequent two months with no change noted in her condition. A psychiatric evaluation on 11/08/00 revealed depression and anxiety. The patient was treated with active rehabilitation from 12/11/00 to 01/08/01 and was reported to have an increased level of pain. A 01/10/01 evaluation from ___ diagnosed the patient with chronic pain syndrome and reactive depression. Due to the presence of overlying chronic pain syndrome, the patient was not a candidate for a work hardening program.

Sincerely,