

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.

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 and two FCE's were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the work hardening program and two FCE's charges.

This Finding and Decision is hereby issued this 9th day of August 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer

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 1/21/02 through 2/21/02 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 9th day of August 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

July 23, 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 #: M5-02-2654-01
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 44-year-old female sustained a work-related injury to her lower back on ___ when she was lifting boxes while loading a cart. An MRI performed on 06/26/00 revealed degenerative disc changes. A nerve conduction study was performed on 08/03/00. The treating chiropractor recommended functional capacity evaluation (FCE) and a work hardening program.

Requested Service(s)

FCE performed on 01/21/02 and 02/26/02 and the work hardening program between 01/21/02 and 02/21/02.

Decision

It has been determined that the work hardening program between 01/21/02 and 02/21/02 and associated FCE on 01/21/02 and 02/26/02 were medically necessary.

Rationale/Basis for Decision

The work hardening program and the associated FCE's were medically necessary. The patient underwent spinal discectomy and a two level fusion on 04/30/01 and then had a suitable course of post-operative physical therapy and active care. The FCE dated 01/21/02 revealed that the patient was functioning at the light duty level. The patient went through four weeks of work hardening and finished the program at the medium duty level. Based on the documentation submitted for review, the work hardening program from 01/21/02 through 02/21/02 and the FCE's on 01/21/02 and 02/26/02 were medically necessary.

Sincerely,