

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

The above Findings and Decision are hereby issued this 8<sup>th</sup> day of October 2002.

Dee Z. Torres  
Medical Dispute Resolution  
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 12-17-01 through 2-1-02 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 per Rule 133.307(j)(2).

This Order is hereby issued this 8th day of October 2002.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dzt

## NOTICE OF INDEPENDENT REVIEW DECISION

September 25, 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 #: M5-02-2777-01  
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 29 year old male sustained a work-related injury on \_\_\_ while lifting and twisting a 135 pound cylinder. He was diagnosed with a lumbosacral sprain/strain. The treatment plan included a work hardening program from 12/17/01 through 02/01/02.

### Requested Service(s)

Work hardening program for dates of service from 12/17/01 through 02/01/02

### Decision

It has been determined that the work hardening program for dates of service from 12/17/01 through 02/01/02 was medically necessary.

### Rationale/Basis for Decision

Based on the documentation submitted for review, the work hardening program was medically necessary. The functional capacity evaluation (FCE) on 12/13/01 sufficiently documented the patient's functional and psychosocial deficits. In comparing the baseline FCE on 12/13/01 and the final FCE on 02/13/02, it is evident that the patient tested for a work classification that, prior to the work hardening program, he was unable to attain. The North American Spine Society, in the 2000 phase III clinical guidelines for multidisciplinary spine specialist, documents the necessity of programs like work hardening. Therefore, the work hardening program for dates of service from 12/17/01 through 02/01/02 was medically necessary.

Sincerely,