

MDR Tracking Number: M5-02-3259-01

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.

The Medical Review Division has reviewed the IRO decision and determined that **the respondent prevailed** on the issues of medical necessity. Therefore in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to reimburse the **requestor** 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, office visits and FCEs were found to **not** be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

This Decision is applicable to dates of service 9/4/01 through 10/10/01 in this dispute.

This Decision is hereby issued this 8th day of November 2002.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

October 22, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed and board certified Chiropractor. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ was treated by a chiropractor for six weeks and then referred to a rehab facility for six weeks of work hardening. The patient was diagnosed with lumbar sprain lumbar herniated nucleus pulposus (HNP) per MRI. \_\_\_, a peer review doctor, \_\_\_, a peer review doctor, and \_\_\_, an RME doctor, all felt that any treatment after 8/31/01 was unnecessary. The carrier has denied all charges after 9/4/01.

#### DISPUTED SERVICES

Items in dispute include a work hardening program, office visits and entry and exit Functional Capacity Evaluations.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

A review of notes shows that the patient was diagnosed with lumbar sprain and lumbar HNP, but the HNP was not a contributing factor to the patient's subjective complaints. Due to the diagnosis for this injury and the patient's work requirements, work hardening was too aggressive and not medically necessary.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,