

MDR Tracking Number: M5-04-0764-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on March 15, 2002.

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 the Work Hardening/Conditioning, work hardening additional hours and supplies were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 07-24-01 to 08-24-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11<sup>th</sup> day of February 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

February 6, 2004

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 Doctor of Chiropractic. The reviewer is on the TWCC Approved

Doctor List (ADL). 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 injured on his job when he was digging and suffered an onset of low back pain immediately. He had a previous history of lumbar surgery at L5/S1 and CT was taken which also noted a bulge at L3/4 and L4/5. He had a series of ESI treatments with \_\_\_ and \_\_\_. He had a RME with \_\_\_ on April 12, 2001, which gave a 5% impairment evaluation. On June 21, 2001 he was evaluated by \_\_\_ and found to be at MMI with 5% impairment. She stated that it was reasonable to allow \_\_\_ to complete his care, but that it would not change or alter his impairment rating.

#### DISPUTED SERVICES

The carrier has denied the medical necessity of Work Hardening/Conditioning, work hardening additional hours and supplies due to a lack of medical necessity.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The patient records on this case indicate that there was indeed a low back injury, however the patient had reached MMI by the time that the care was rendered. The opinion of the designated doctor, along with the RME doctor, was that the patient was unlikely to improve with extensive care such as a work hardening program. The requestor in this case failed to prove the case for the necessity of this service in that he did not indicate that improvement was made through a second FCE at the end of the treatment program that was rendered. As a result, the reviewer finds that the care rendered was medically unnecessary.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

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,