

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-6625.M5

MDR Tracking Number: M5-04-1799-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 2-18-04.

The Medical Review 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 functional capacity evaluation, and work hardening/conditioning (initial and additional hours) from 10/01/03 through 11/14/03 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 Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 10/01/03 through 11/14/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of May 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

May 5, 2004

MDR Tracking #: M5-04-1799-01
IRO Certificate #:IRO 4326

The ___ 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 Medicine. ___s 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 TMF 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 patient complained of neck pain as a result of working on a computer while at work on _____. The patient subsequently complained of headaches and dizziness. The patient underwent a microdiscectomy followed by an anterior fusion in December 2002. A CT scan performed on 04/11/03 revealed a C5-6 fixation with evidence of pseudoarthrosis. The patient underwent a chiropractic examination and then participated in a six-week work-hardening program.

Requested Service(s)

Work Hardening, initial, work hardening—each additional hour and functional capacity evaluation (FCE) for dates of service 10/01/03 through 11/14/03

Decision

It is determined that the work hardening, initial, work hardening—each additional hour and functional capacity evaluation (FCE) for dates of service 10/01/03 through 11/14/03 were not medically necessary.

Rationale/Basis for Decision

The functional capacity examination performed in 10/01/03 is denied since no substantive medical records were submitted that would document its medical necessity.

For work hardening, the patient must be capable of attaining specific employment upon completion of the program. The medical records submitted lacked documentation regarding the patient's work status before, during or after the work hardening treatment.

According to the work hardening progress notes the patient rated her pain at "3" at the beginning of work hardening and at "2" on week six. In regard to average productivity, the lack of significant improvement clearly indicates that the treatment offered little or no benefit to the patient.

Since the work hardening treatment failed to relieve pain, promote recovery or enhance the employee's ability to return to or retain employment, it did not meet medical necessity. Therefore, the work hardening, initial, work hardening—each additional hour and functional capacity evaluation (FCE) for dates of service 10/01/03 through 11/14/03 were not medically necessary.

Sincerely,