

MDR Tracking Number: M5-04-1839-01

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 2-23-04.

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 work hardening program (initial and additional hours) from 9/17/03 through 10/31/03 was 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 9/17/03 through 10/31/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

May 06, 2004

AMENDED LETTER

MDR Tracking #: M5-04-1839-01
IRO Certificate #: IRO4326

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 ___ 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 sustained a work-related injury on ___ when he was pulling a heavy cart backwards and injured his back. As a result, the patient underwent trigger point injections as well as a lumbar micro-discectomy, laminectomy, foraminotomy, and a partial facetectomy at L5-S1 on 12/10/02. The patient underwent a work hardening program that was billed from 09/17/03 through 10/31/03.

Requested Service(s)

Work hardening, initial (97545-WH-AP) and work hardening, each additional hour (97546-WH-SP) for dates of service 09/17/03 through 10/31/03

It is determined that the work hardening, initial (97545-WH-AP) and work hardening, each additional hour (97546-WH-SP) for dates of service 09/17/03 through 10/31/03 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation consists primarily of daily notes and diagnostic studies prior to the surgery that was performed in December 2002, and the daily records for the actual work hardening that was performed during the dated range in question.

___ saw this patient following the 12/10/02 surgery on 12/18/02, 01/29/03, 03/13/03, 06/02/03, and 07/21/03. According to his daily notes, his January 2003 encounter stated that the patient related "near complete resolution of his preoperative symptomatology," and that he now "denies leg pain or associated numbness and tingling." He rated his discomfort at 2/10 on a visual analog scale. He found some decreased range of motion in the lumbar spine "secondary to muscle spasms," and the patient's neurological examination was normal. He wanted the patient to "initiate postoperative rehab" at that time, but did not specify work hardening.

In March 2003, the patient continued to improve with a 1/10 visual analog scale and normal neurological examination. In his recommendations, ___ wanted the patient to "continue with the postoperative rehab previously ordered," but again failed to make any specific reference to work hardening, and "no prescriptions were given."

The June 2003 visit was different, as the patient presented with an exacerbation, and he rated his pain at 2-3/10 on a visual analog scale, and lumbar range of motion was found to be "slightly decreased in forward flexion secondary to muscle spasms." However, neurological testing was still within normal limits. He recommended a follow-up MRI with and without contrast and a lumbar spine series to include flexion and extension to rule out instability. He was not seen again until the last known visit on July 21, 2003.

On that date, the record stated that the patient described "moderate improvement in that symptomatology, and continue[d] to complain of 'intermittent crick' in his lower back" with a visual analog scale reading of 3/10. Lumbar range of motion was still "slightly restricted in forward flexion secondary to muscle spasm" and neurological examination was normal.

The intervening diagnostic studies that had been ordered revealed, “post laminectomy changes with enhancement,” and “there was no evidence of residual recurrent disc herniation at L5-S1. There was interval worsening of the disc protrusion at L4-L5 with left sided foraminal stenosis and lateral recess stenosis, approximately 4-5mm,” but he did “not feel this patient is a surgical candidate at this time.” He recommended “continuation of postoperative rehab at this point,” but once again made no mention of work hardening,

The medical record fails to document the medical necessity for a work hardening program. Therefore, it is determined that the work hardening, initial (97545-WH-AP) and work hardening, each additional hour (97546-WH-SP) for dates of service 09/17/03 through 10/31/03 was not medically necessary to treat this patient’s condition.

Sincerely,