

MDR Tracking #M5-05-2055-01

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 3-22-05.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The IRO reviewed neuromuscular re-education, aquatic therapy, manual therapy technique, therapeutic exercises, group therapeutic procedure work hardening (initial & additional hours) and work conditioning (initial & additional hours) that were denied for medical necessity from 3-30-04 through 8-17-04.

The neuromuscular re-education, aquatic therapy, manual therapy technique, therapeutic exercises, group therapeutic procedure and work conditioning (initial & additional hours) that were denied for medical necessity from 3-30-04 through 8-17-04 **were not found** to be medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 5-4-05 the Medical Review Division submitted a Notice to the requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Regarding dates of service 3-22-04 through 3-29-04 and 3-31-04: Neither the carrier nor the requestor provided EOB's. There is no "convincing evidence of the carrier's receipt of the request for reconsideration" according to 133.307 (g)(3)(A). TWCC was unable to contact the requestor for this information. **No reimbursement recommended.**

CPT codes 97545-WH and 97546-WH from 8-16-04 through 9-1-04 were denied as "A – The health care provider did not request preauthorization." Per Advisory 2001-14 - Work hardening and work conditioning programs require

preauthorization if the facility is not accredited by CARF and not exempted by the Commission. **No reimbursement recommended.**

This Finding and Decision is hereby issued this 14<sup>th</sup> day of June, 2005,

Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO decision

**June 13, 2005**

June 6, 2005

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

**REVISED REPORT  
Corrected Items in Dispute**

Re: Medical Dispute Resolution  
MDR #: M5-05-2055-01  
TWCC#:  
Injured Employee: \_\_\_\_\_  
DOI:  
SS#:  
IRO Certificate No.: IRO 5055

Dear Ms. \_\_\_\_:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is board certified in Physical Medicine & Rehabilitation and Pain Medicine, and is currently on the TWCC Approved Doctor List.

Sincerely,  
Gilbert Prud'homme  
General Counsel  
GP:thh

**REVIEWER'S REPORT**  
**M5-05-2055-01**

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**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

Correspondence

Physical therapy notes 03/10/04 – 09/08/04

FCE's 12/17/03 – 05/13/04

Information provided by Respondent:

Correspondence

Designated doctor review

Information from Treating Doctor:

Office notes 12/09/99 – 05/01/03

**Clinical History:**

This male claimant sustained a soft tissue injury to his low back on \_\_\_ while working. He reported intermittent muscle spasms and low back pain and received as-needed medical care with his treating doctor over approximately the last 10 years.

**Disputed Services:**

Neuromuscular re-education, aquatic therapy, manual therapy technique, therapeutic exercises, group therapeutic procedure, work conditioning (initial & additional hours) **and work hardening (initial and additional hours)** during the period of 03/30/04 through 08/17/04.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above was not medically necessary in this case.

**Rationale:**

There does not appear to be significant justification for exercise, work conditioning, multidisciplinary pain treatment program, physical conditioning program, exercise, or back re-education in an individual with chronic low back pain. Systematic reviews of randomized controlled trials that compared multidisciplinary treatment versus controlled treatment found no significant difference between less intensive outpatient multidisciplinary treatment and non-multidisciplinary outpatient treatment or usual care in pain or function. An additional randomized controlled trial compared extensive multidisciplinary treatment, light multidisciplinary treatment, and the usual care. It found no significant difference in the treatment of these patients.

The use of back schools and re-education has 2 systemic reviews with 32 randomized controlled trials which found that back school significantly increased pain relief after 3 months compared with no treatment or any other treatment, but found no difference in outcome in the long term. Review of physical conditioning programs found no significant difference between physical conditioning programs and general practitioner advice or care in the proportion of people off work at 12 months. Multiple randomized controlled trials found no significant difference between strengthening exercises and other types of exercise and outcomes, and conflicting evidence on strengthening exercise compared to inactive treatment. Each of these reviews supports the notion that this type of intervention in the chronic low back pain patient is not medically justified.

**Screening Criteria/Treatment Guidelines/Publications Utilized:**

1. van Tulver, M. and Koes, B.: *Low Back Pain and Sciatica (Chronic)*, Clinical Evidence 2004, 11:1561-1533

2. Schonstein, E., Kenny, B.T., Keating, J., Koes, B.W.: *Work Conditioning, Work Hardening, Functional Restoration for Workers with Back and Neck Pain*, The Cochrane Library, Issue 1, 2003.
3. Maler-Riehle, B., Harter, M.: *The Effects of Back Schools: A Meta-Analysis*, International Journal of Rehabilitation Research, 2001; 24:199-206.
4. van Tulver, M.W., Esmail, R., Bombardier, C., et al: *Back Schools for Nonspecific Low Back Pain*, The Cochrane Library, Issue 1, 2003.
5. Guzman, J., Esmail, R., Karjalainen, K., et al: *Multidisciplinary Rehabilitation for Chronic Low Back Pain: Systematic Review*, British Medical Journal, 2001; 322:1511-1516.
6. Skowen, J.S., Grasdahl, A.L., Haldorsen, E.M.H. et al: *Relative Cost-Effectiveness of Extensive and Light Multidisciplinary Treatment Programs versus Treatment as Usual for Patients with Chronic Low Back Pain on Long-Term Sick Leave*, Spine 2002; 27:901-910.