



Texas Department of Insurance, Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

PREVAILING PARTY DETERMINATION

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address Rehab 2112 P. O. Box 671342 Dallas, TX 75267	MDR Tracking No.: M5-05-2905-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address Liberty Mutual Fire Insurance, Box 28	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), the Division assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

Consistent with the requirements in Rule 133.308, the Division has reviewed the IRO decision and determined:

- The requestor is the prevailing party.
- The respondent is the prevailing party.

PART III: ADDITIONAL INSTRUCTIONS

The parties are instructed to review the IRO decision and take appropriate action. For any services that may have been found to be medically necessary, the insurance carrier is instructed to process those services through their bill review and payment processes, including issuing any additional amounts due consistent with the established fee guidelines. If the requestor was the prevailing party, the carrier must refund the amount of the IRO fee within to the requestor within 30-days of receipt of this order.

Issued by:

	9-6-05	
Authorized Signature	Typed Name	Date of Order



Specialty Independent Review Organization, Inc.
AMENDED 8/30/2005

August 29, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
TWCC #:
MDR Tracking #: M5-05-2905-01
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty 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.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO 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

Ms. ____ was injured on ____ while lifting boxes. The records indicate she regularly lifted +/- 50 pounds of boxes off racks and repeatedly climbed ladders. She was employed with _____ at the time of accident. She presented to Accident and Injury Chiropractic on 6/1/04. She presented with reduced lumbar ROM and pain scales in the 7-8/10 range in the thoracolumbar spine. She underwent passive and active therapeutics, Work hardening, pain management, neurodiagnostic testing and lumbar diagnostic imaging. The MRI indicates a right L4/5 paracentral protrusion, which extends into the right neuroforamen and contacts the right nerve root, L4 desiccation and reduced lordosis. She is required to meet a medium PDL.

RECORDS REVIEWED

Records were received from both the requestor/treating doctor and from the respondent. Records from the requestor/TD include the following: MDR request letter of 6/24/05, lumbar MRI 06/04/04, 6/10/04 radiology reports, 07/08/04 report by Metroplex Diagnostics, LLC, 11/19/04 LMN, various HICFA 1500's, various TWCC 62's, TWCC 60, WC/WH daily notes from 08/04/04 through 9/16/04, visit log reports, psychology group notes, case management summaries, 7/14/04 transition into WH exam, patient release worksheet, 9/17/04 FCE, 8/31/04 FCE, 8/9/04 FCE, 7/12/04 FCE, 7/13/04 screening letter by Kenneth Wise, Psy. D., various outcome assessments associated with each FCE and the exam by Dr. Wise, patient intake paperwork, handwritten notes from 7/9/04 through 9/13/04 from unknown source, FCE script by Dr. Parent, 6/28/04 report by DG Edward, DO, 6/23/04 PRI concurrent review, referral form for radiology, diagnosis sheet of 6/1/04, various TWCC 73's, 9/20/04 referral to PRIDE for pain management, 8/18/04 PRI modality review, psych eval script, 7/28/04-9/8/04 reports by Marlon Padilla, MD, E1 report, 11/16/04 report by Tom Mayer, MD, 9/27/04 report by Ken Wise, Psy. D., 10/14/04 report by Fred Seals, DC, check off reports from 06/02/04 to 10/4/04, initial exam and diagnostic sheets and initial report of 6/8/04.

Records from the respondent include some of the above in addition to the following: 8/19/05 letter from Virginia Cullipher, R.N., handwritten tracking of treatment letter (2 pgs) by unknown source and Peer review analysis case report dated 11/10/04 peer review by Leela Rangaswamy, MD.

DISPUTED SERVICES

Disputed services are the retrospective medical necessity of a work hardening program from 8/30/04 through 9/16/04.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The requestor's request letter of 6/24/05 indicates that the Council of Chiropractic Physiological Therapeutics Guidelines indicates that the chronic phase begins at greater than 12 weeks post injury. However, the treating doctor/requestor chose to perform a chronic procedure (work hardening) at approximately 7 weeks post injury. Regardless, the care improved the patient until she reached 8/31/04.

The 8/31/04 FCE indicates she is able to perform at a medium PDL with pain. This indicates she could return to work at some form of modified duty to accommodate her pain. As of 8/31/04, the patient's pain scale had reduced to a 4/10, her ROM had improved and she was at a level commiserate to her required work level.

The following table indicates the expected duration of disability with medical treatment according to the MDA. The NASS phase III guidelines indicate work hardening should be performed after an initial rehabilitation protocol of 0-8 weeks, followed by an additional 0-8 weeks of rehabilitation protocols. The study by Schonstein, et al indicates that WH is an effective treatment for chronic lower back pain; yet it cannot be established for an acute injury.

Medical treatment.

Job Classification	Minimum	Optimum	Maximum
<i>Sedentary</i>	1	7	14
<i>Light</i>	1	14	21
<i>Medium</i>	1	21	42
<i>Heavy</i>	1	56	91
<i>Very Heavy</i>	1	91	168

REFERENCES

Reed, P The Medical Disability Advisor, 2005

NASS Phase III Clinical Guidelines.

Schonstein E, Kenny DT, Keating J, Koes BW Work conditioning, work hardening and functional restoration for workers with back and neck pain Cochrane Database Syst Rev. 2003;(1):CD001822

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,

Wendy Perelli, CEO
CC: Specialty IRO Medical Director