



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, Texas 75267-1342	MDR Tracking No.: M5-05-3083-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Amerisure Mutual Insurance Co Box 47	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 to the requestor within 30-days of receipt of this order.

Issued by:

Authorized Signature

Typed Name

09-08-05

Date of Decision



7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
Fax: (800) 580-3123

NOTICE OF INDEPENDENT REVIEW DECISION

Date: September 7, 2005

To The Attention Of: DWC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:
MDR Tracking #: M5-05-3083-01
IRO Certificate #: IRO 5263

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) at the Texas Department of Insurance has assigned the above referenced case to Forté for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed 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 Chiropractic reviewer who has an ADL certification. The reviewer 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.

Submitted by Requester:

- Summary statement of treatments
- EOBs
- MRI reports
- X-ray reports
- FCE reports
- HCFA 1500's
- Work hardening notes
- Examination reports
- TWCC forms
- Daily notes
- Designated doctor report

Submitted by Respondent:

- Daily notes
- FCE reports
- Designated doctor reports
- RME reports
- TWCC forms
- Work hardening notes
- MRI reports

Clinical History

According to the supplied documentation, the claimant sustained an injury on ___ when he was lifting an 80 pound roll of plastic. The claimant reported pain in his low back and went to East Houston Regional for evaluation. The claimant was prescribed medications and released. The claimant was seen at Accident and Injury Chiropractic on 7/13/04 for an evaluation. Chiropractic therapy began. An MRI was performed on 7/19/04 that revealed a 2-3mm disc bulge at L3/4. Passive and active chiropractic therapy continued. On 8/2/04 the claimant was seen by Marlon D. Padilla, M.D. for an evaluation. Dr. Padilla prescribed medications and recommended to continue conservative therapy. On 9/30/04, the claimant was seen by Ronald W. Kirkwood, D.O. for a designated doctor exam. Dr. Kirkwood reported the claimant was at MMI on 9/28/04 with a whole person impairment of 5%. The claimant was seen on 10/20/04 by Miguel Jocson, M.D. for an RME. Dr. Jocson diagnosed the claimant with a lumbosacral strain and degenerative disc disease at L3/4. Dr. Jocson felt the claimant was able to return to work light duty. In November 2004, the claimant underwent a work hardening program. The documentation ends here.

Requested Service(s)

Work hardening and work hardening each additional hour – 97545-WH-CA and 97546-WH-CA for dates of service 11/5/04 through 11/24/04

Decision

I agree with the insurance carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, the claimant sustained an injury on ___ to his lumbar spine. The claimant underwent intensive passive and active protocols under the direction of his treating chiropractor. Multiple FCEs were performed during this time period that reported the claimant was at light duty. When the claimant was seen by the designated doctor, he reported that the claimant was at MMI on 9/28/04. At that time, continued chiropractic therapy and/or work hardening programs were not seen as reasonable or medically necessary. The documentation did not support the work hardening program. The claimant reported to the designated doctor that the therapy had not helped at all. Continued and ongoing active protocols were not supported beyond that date. The FCE in the documentation supplied revealed that the claimant was at a light duty capacity. On a job analysis note dated 8/12/04, it was reported that the claimant was offered a light duty position and even part time if necessary. At the time of MMI, it would be necessary to return the claimant to work at a light duty capacity and continue a home based exercise protocol to increase his strength while decreasing his symptoms. If the claimant was able to perform a work hardening protocol, it would be reasonable to assume the claimant could return to work in a light duty position.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to DWC via facsimile or U.S. Postal Service from the office of the IRO on this 7th day of September 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder