



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

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-06-0805-01
North Texas Pain Recovery Center 6702 West Poly Webb Road Arlington, Texas 76016	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Hartford Ins Company of the Midwest, Box 27	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 package. Position Summary states, "Treatment was medically necessary."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response. Position Summary states, "Per peer review, not reasonable or necessary."

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
3-14-05 – 6-3-05	CPT codes 97545-WH-CA and 97546-WH-CA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0

PART V: 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 Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did not prevail on the disputed medical necessity issues.

The work hardening program for dates of service 5-16-05 – 5-20-05 was denied by the carrier as "62-Payment denied/reduced for absence of, or exceeded, pre-certification/authorization, procedure not approved by pre-authorization." The IRO reviewer concluded that the work hardening program from 3-14-05 – 6-3-05 was not medically necessary. Based on Rule 133.308(p)(5) An IRO decision is deemed to be a Division decision and order. Dates of service 5-16-05 – 5-20-05 cannot be separated from the remainder of the program as the IRO concluded that the "work hardening program" was not medically necessary. No additional documentation recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to additional reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Donna Auby

02-08-06

Authorized Signature

Typed Name

Date of Findings and Decision

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

February 6, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ____

EMPLOYEE: ____

POLICY: M5-06-0805-01

CLIENT TRACKING NUMBER: M5-06-0805-5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIoA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the proposed care 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, 1/24/06 – 2 pages
- Medical Dispute Resolution Request/Response, 1/24/06 – 3 pages
- Table of Disputed Services, 3/14/05-6/3/05 – 5 pages
- Explanation of Benefits, 3/23/05-6/3/05 – 17 pages
- Invoice EOR Summary, 7/9/05 – 3 pages

Records Received from Requestor:

- Letter from North Texas Pain Recovery Center to Division of Worker's Compensation, 9/29/05 – 3 pages
- North Texas Pain Recovery Center Initial FCE, 3/14/05 – 7 pages
- North Texas Pain Recovery Center Follow-Up FCE, 5/11/05 – 6 pages
- North Texas Pain Recovery Center Behavior Health Assessment (Psych Evaluation), 3/9/05 – 4 pages
- North Texas Pain Recovery Center Medical Consult, 3/9/05 – 4 pages
- Office Notes from Arlington Orthopedic Associates, PA, 10/15/04-3/1/05 – 9 pages
- North Texas Pain Recovery Center Referral to Work Hardening, 3/1/05 – 3 pages
- North Texas Pain Recovery Center Return to Work Requirements, 5/5/05 – 2 pages
- North Texas Pain Recovery Center Weekly Progress Notes, 3/18/05-6/6/05 – 13 pages
- North Texas Pain Recovery Center PT Daily Progress Notes, 3/16/05 – 6/7/05 – 18 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 3/14/05-6/3/05 – 7 pages
- North Texas Pain Recovery Center Case Management Notes, 3/14/05-6/3/05 – 13 pages
- North Texas Pain Recovery Center Hypnosis Group Notes, 3/15/05-6/2/05 – 6 pages
- North Texas Pain Recovery Center Process Group Notes, 3/21/05 – 6/3/05 – 10 pages
- North Texas Pain Recovery Center Physical Rehab Group Notes, 5/10/05-5/31/05 – 4 pages
- North Texas Pain Recovery Center Treatment Plan and Goals, 3/23/05 – 2 pages
- North Texas Pain Recovery Center CARF Accreditation, 3/3/04 – 4 pages

Records Received from the Respondent:

- Workers' Compensation Nurse's Chronological List of Submitted Records, 5/5/05 – 3 pages
- Physicians' Review Network Inc Review, 5/2/05 – 3 pages
- Employer's First Report of Injury or Illness, 10/7/04 – 1 page
- Matrix Rehabilitation Re-Evaluation, 12/2/04 – 1 page
- Matrix Rehabilitation Daily Treatment Notes, 11/18/04-12/7/04 – 8 pages
- Matrix Rehabilitation Re-Evaluation, 12/9/04 – 1 page
- Arlington Orthopedic Associates, PA Office Notes, 10/15/04-12/10/04 – 4 pages
- Arlington Orthopedic Associates, PA New Patient Consultation, 12/29/04 – 2 pages

- Arlington Orthopedic Associates, PA Office Notes, 1/31/05-3/1/05 – 3 pages
- North Texas Pain Recovery Center Initial Consultation, 3/9/05 – 3 pages
- North Texas Pain Recovery Center Behavioral Health Assessment, 3/9/05 – 3 pages
- North Texas Pain Recovery Center Office Notes, 3/9/05-3/29/05 – 9 pages
- North Texas Pain Recovery Center Treatment Plan and Goals, 3/23/05 – 2 pages
- North Texas Pain Recovery Center Request for Authorization of Continued Treatment, 4/20/05 – 1 page
- North Texas Pain Recovery Center FCE, 4/20/05 – 2 pages
- North Texas Pain Recovery Center Office Notes, 3/9/05 – 4 pages
- North Texas Pain Recovery Center Case Management Notes, 3/14/05-3/17/05 – 1 page
- North Texas Pain Recovery Center Hypnosis Group Notes, 3/15/05-3/17/05 – 1 page
- North Texas Pain Recovery Center PT Daily Progress Notes, 3/14/05-3/18/05 – 3 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 3/14/05-3/18/05 – 1 page
- North Texas Pain Recovery Center Case Management Notes, 3/14/05-3/17/05 – 1 page
- North Texas Pain Recovery Center Hypnosis Group Notes, 3/15/05-3/17/05 – 1 page
- North Texas Pain Recovery Center PT Daily Progress Notes, 3/14/05-3/18/05 – 3 pages
- North Texas Pain Recovery Center Weekly Progress Report Notes, 3/18/05 – 3 pages
- North Texas Pain Recovery Center FCE, 3/14/05 – 5 pages
- North Texas Pain Recovery Center Weekly Progress Report Notes, 3/18/05 – 3 pages
- North Texas Pain Recovery Center Case Summary, 3/22/05 – 1 page
- North Texas Pain Recovery Center Request for Preauthorization of a Chronic Pain Management Program, 3/23/05 – 2 pages
- North Texas Pain Recovery Center Treatment Plan and Goals, 3/23/05 – 2 pages
- North Texas Pain Recovery Center Request for Authorization of Continued Treatment, 4/20/05 – 1 page
- North Texas Pain Recovery Center Office Notes, 3/29/05 – 2 pages
- North Texas Pain Recovery Center Case Summary, 3/22/05 – 1 page
- North Texas Pain Recovery Center Treatment Plan and Goals, 3/23/05 – 2 pages
- North Texas Pain Recovery Center Office Notes, 3/29/05 – 2 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 3/21/05-3/23/05 – 1 page
- North Texas Pain Recovery Center Case Management Notes, 3/21/05-3/25/05 – 3 pages
- North Texas Pain Recovery Center Hypnosis Group Notes, 3/22/05-3/24/05 – 1 page
- North Texas Pain Recovery Center Process Group Notes, 3/21/05-3/25/05 – 2 pages
- North Texas Pain Recovery Center PT Daily Progress Notes, 3/21/05-3/25/05 – 3 pages
- North Texas Pain Recovery Center Weekly Progress Report Notes, 3/25/05 – 2 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 3/28/05-4/1/05 – 1 page
- North Texas Pain Recovery Center Case Management Notes, 3/28/05-4/1/05 – 2 pages
- North Texas Pain Recovery Center Hypnosis Group Notes, 3/29/05-3/31/05 – 1 page
- North Texas Pain Recovery Center Life Skills Group Notes, 3/28/05-4/1/05 – 2 pages
- North Texas Pain Recovery Center Process Group Notes, 3/28/05-4/1/05 – 2 pages
- North Texas Pain Recovery Center Psychoeducation Group Notes, 3/28/05-4/1/05 – 1 page
- North Texas Pain Recovery Center PT Daily Progress Notes, 3/28/05-4/1/05 – 3 pages
- North Texas Pain Recovery Center Physical Rehab Group Notes, 3/29/05 – 1 page
- North Texas Pain Recovery Center Weekly Progress Report Notes, 4/4/05 – 2 pages
- North Texas Pain Recovery Center Poly Pharmacy Group Discussion, 3/30/05 – 1 page
- North Texas Pain Recovery Center Biofeedback Group Notes, 4/4/05-4/8/05 – 1 page
- North Texas Pain Recovery Center Case Management Notes, 4/4/05-4/8/05 – 2 pages
- North Texas Pain Recovery Center Hypnosis Group Notes, 4/5/05-4/7/05 – 1 page
- North Texas Pain Recovery Center Life Skills Group Notes, 4/4/05-4/8/05 – 2 pages
- North Texas Pain Recovery Center Process Group Notes, 4/4/05-4/8/05 – 2 pages
- North Texas Pain Recovery Center Psychoeducation Group Notes, 4/4/05-4/8/05 – 1 page
- North Texas Pain Recovery Center PT Daily Progress Notes, 4/1/05-4/8/05 – 3 pages
- North Texas Pain Recovery Center Physical Rehab Group Notes, 4/5/05 – 1 page
- North Texas Pain Recovery Center Weekly Progress Report Notes, 4/8/05 – 2 pages
- North Texas Pain Recovery Center Nutrition, 4/6/05 – 1 page
- North Texas Pain Recovery Center Case Management Notes, 4/11/05-4/15/05 – 2 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 4/11/05-4/15/05 – 1 page
- North Texas Pain Recovery Center Hypnosis Group Notes, 4/12/05-4/14/05 – 1 page
- North Texas Pain Recovery Center Life Skills Group Notes, 4/11/05-4/15/05 – 2 pages
- North Texas Pain Recovery Center Process Group Notes, 4/11/05-4/15/05 – 2 pages
- North Texas Pain Recovery Center Psychoeducation Group Notes, 4/11/05-4/15/05 – 1 page
- North Texas Pain Recovery Center PT Daily Progress Notes, 4/11/05-4/15/05 – 3 pages
- North Texas Pain Recovery Center Physical Rehab Group Notes, 4/14/05 – 1 page

- North Texas Pain Recovery Center Weekly Progress Report Notes, 4/18/05 – 2 pages
- North Texas Pain Recovery Center Arthritis, 4/13/05 – 1 page
- North Texas Pain Recovery Center Case Management Notes, 4/18/05-4/22/05 – 2 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 4/18/05-4/22/05 – 1 page
- North Texas Pain Recovery Center Hypnosis Group Notes, 4/19/05-4/21/05 – 1 page
- North Texas Pain Recovery Center Life Skills Group Notes, 4/18/05-4/21/05 – 2 pages
- North Texas Pain Recovery Center Process Group Notes, 4/18/05-4/22/05 – 2 pages
- North Texas Pain Recovery Center Psychoeducation Group Notes, 4/18/05-4/22/05 – 1 page
- North Texas Pain Recovery Center PT Daily Progress Notes, 4/18/05-4/22/05 – 3 pages
- North Texas Pain Recovery Center Physical Rehab Group Notes, 4/19/05 – 1 page
- North Texas Pain Recovery Center Weekly Progress Report Notes, 4/20/05 – 2 pages
- North Texas Pain Recovery Center Weekly Progress Report Notes, 4/25/05 – 2 pages
- North Texas Pain Recovery Center Etiology of Spine Pain, 4/20/05 – 1 page
- North Texas Pain Recovery Center Case Management Notes, 4/25/05-4/29/05 – 2 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 4/25/05-4/29/05 – 1 page
- North Texas Pain Recovery Center Hypnosis Group Notes, 4/26/05-4/28/05 – 1 page
- North Texas Pain Recovery Center Life Skills Group Notes, 4/25/05-4/29/05 – 2 pages
- North Texas Pain Recovery Center Process Group Notes, 4/25/05-4/29/05 – 2 pages
- North Texas Pain Recovery Center Psychoeducation Group Notes, 4/25/05-4/29/05 – 1 page
- North Texas Pain Recovery Center PT Daily Progress Notes, 4/25/05-4/29/05 – 3 pages
- North Texas Pain Recovery Center Physical Rehab Group Notes, 4/26/05 – 1 page
- North Texas Pain Recovery Center Weekly Progress Report Notes, 4/29/05 – 2 pages
- North Texas Pain Recovery Center Treatment Options for Spine Pathology, 4/27/05 – 1 page
- North Texas Pain Recovery Center Office Notes, 4/29/05 – 2 pages
- North Texas Pain Recovery Center Case Management Notes, 5/9/05-5/13/05 – 2 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 5/9/05-5/13/05 – 1 page
- North Texas Pain Recovery Center Hypnosis Group Notes, 5/9/05-5/12/05 – 1 page
- North Texas Pain Recovery Center Process Group Notes, 5/9/05-5/13/05 – 2 pages
- North Texas Pain Recovery Center PT Daily Progress Notes, 5/9/05-5/13/05 – 3 pages
- North Texas Pain Recovery Center Physical Rehab Group Notes, 5/10/05 – 1 page
- Designed Doctor Evaluation, 5/10/05 – 4 pages
- DWC-69 – Report of Medical Evaluation, 5/10/05 – 1 page
- North Texas Pain Recovery Center Hypnosis Group Notes, 5/10/05-5/12/05 – 1 page
- North Texas Pain Recovery Center Process Group Notes, 5/9/05-5/13/05 – 2 pages
- North Texas Pain Recovery Center Weekly Progress Report Notes, 5/13/05 – 2 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 5/16/05-5/20/05 – 1 page
- North Texas Pain Recovery Center Case Management Notes, 5/16/05-5/20/05 – 2 pages
- North Texas Pain Recovery Center Hypnosis Group Notes, 5/17/05-5/19/05 – 1 page
- North Texas Pain Recovery Center Process Group Notes, 5/16/05-5/20/05 – 2 pages
- North Texas Pain Recovery Center PT Daily Progress Notes, 5/16/05-5/20/05 – 3 pages
- North Texas Pain Recovery Center Physical Rehab Group Notes, 5/17/05 – 1 page
- North Texas Pain Recovery Center Office Notes, 5/17/05 – 2 pages
- North Texas Pain Recovery Center Office Notes, 5/19/05 – 1 page
- North Texas Pain Recovery Center Weekly Progress Report Notes, 5/23/05 – 2 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 5/23/05-5/27/05 – 1 page
- North Texas Pain Recovery Center Case Management Notes, 5/23/05-5/27/05 – 2 pages
- North Texas Pain Recovery Center Hypnosis Group Notes, 5/24/05-5/26/05 – 1 page
- North Texas Pain Recovery Center Process Group Notes, 5/23/05-5/27/05 – 2 pages
- North Texas Pain Recovery Center PT Daily Progress Notes, 5/23/05-5/27/05 – 3 pages
- North Texas Pain Recovery Center Physical Rehab Group Notes, 5/24/05 – 1 page
- North Texas Pain Recovery Center Weekly Progress Report Notes, 5/27/05 – 2 pages
- North Texas Pain Recovery Center Biofeedback Group Notes, 6/1/05-6/3/05 – 1 page
- North Texas Pain Recovery Center Case Management Notes, 5/31/05-6/3/05 – 2 pages
- North Texas Pain Recovery Center Hypnosis Group Notes, 5/31/05-6/2/05 – 1 page
- North Texas Pain Recovery Center Process Group Notes, 5/31/05-6/3/05 – 2 pages
- North Texas Pain Recovery Center PT Daily Progress Notes, 5/31/05-6/3/05 – 2 pages
- North Texas Pain Recovery Center Physical Rehab Group Notes, 5/31/05 – 1 page
- North Texas Pain Recovery Center Weekly Progress Report Notes, 6/6/05 – 2 pages
- Consultants in Radiology PA MRI Cervical Spine Report, 11/1/04 – 2 pages

- Consultants in Radiology PA MRI Lumbar Spine Report, 10/29/04 – 2 pages
- Texas Workers' Compensation Work Status Report, 10/15/04-3/10/05 – 9 pages

Summary of Treatment/Case History:

The records indicate the patient alleges an industrial injury on ___ while employed as HIVIO Provider Customer Service with Aetna Insurance Company. The patient alleges she slipped and fell after entering the building during the rain. She fell and landed on her back causing pain from her tailbone up to the base of the skull and subsequently developed radicular pain down her right lower extremity. There is no documentation of any dislocations, fractures, head trauma, or brain/cord damage. The complaints all appear to be soft tissue in nature. The patient was seen by her personal physician who gave her medications. Eventually, the patient was seen by Eric Wieser, M.D. on 10/15/04 who ordered MRI's of the cervical and lumbar spine and diagnosed cervical, thoracic and lumbar sprain/strain. Dr. Wieser recommended referring the patient to an active spinal rehabilitation program along with anti-inflammatories. The last report from Dr. Wieser dated 3/1/05 indicates the patient's cervical sprain/strain had resolved, the lumbar sprain/strain had resolved, muscle spasms had improved but the patient continued to have pain complaints.

The patient was then seen by a M. Todd Daniels, M.D. who referred the patient to North Texas Pain Recovery Center, on 3/1/05, for persistent failure to respond to treatment surpassing the usual healing time of 4-6 months.

The records indicate Autowash Services indicated in a letter that the patient could be employed and would be required to lift up to 30 pounds during the day.

The very lengthy records from North Texas Pain Recovery Center indicate the patient was placed into a myriad of programs that ranged from normal physical therapy to involvement in various groups, discussions, biofeedback, injections, etc. The Center provided services amounting to approximately \$12,928.00. The last case management note dated 6/3/05 indicates the patient had completed the "work hardening" and was discharged with no work restrictions.

Questions for Review:

ITEM(S) IN DISPUTE: Was the work hardening program 97545-WH-CA and 97546-WH-CA from 3/14/05 to 6/3/05 medically necessary?

Explanation of Findings:

The records very clearly show a 64-year-old female who experienced a non-serious slip and fall. She had no broken bones, no dislocations, no head trauma and no brain or cord damage. The pain experienced by the patient appears to be consistent with the nature of the fall and her age. It is a time process for a 64 year old to heal and it does not require long-term intervention through physical therapy or "work hardening."

Work conditioning is a highly specialized rehabilitation program that spans the transition from traditional rehabilitation therapies to return to work by simulating workplace activities and surroundings in a monitored environment. Programs may be developed and carried out by an occupational therapist and/or physical therapist. The goal is to create an environment in which returning workers can rebuild psychological self-confidence and physical reconditioning by replicating their work routine. In the present case the patient did not require work conditioning/hardening, but should have been in a self-directed home exercise program of strengthening, stretching, increasing flexibility and muscle tone. After she completed her initial physical therapy sessions she should have received education/instruction in a self-directed home exercise program. The type of work the patient was performing at the time of the alleged injury was a semi-sedentary one requiring her to sit for a period of time and use her hands and arms in typical clerical duties. There were no specific duties that would require re-education or rehabilitation or "work hardening," beyond the usual exercise that anyone would provide for themselves.

The reason for the long-term control by North Texas Pain Recovery Center was based upon the patient's complaint of pain. The ACOEM guidelines on page 113 states, "In general, intervention for treating pain should be time-limited and goal-oriented." If the only reason for the continued "work hardening" program along with biofeedback (which is not recommended by the American College of Occupational and Environmental Medicine) and group session was the pain, then the services provided were not medically necessary. Continuing, on page 116, "Many patients can work with some degree of pain, while others appear disabled out of proportion to physical findings. Therefore, the pain management plan should focus on coping and adaptation in order to restore function." So, in addition to activity, exercise, performing the usual functions of the job, and participating in activities of daily living, we can now add coping and adapting to the milieu. As has been shown, these are what lead to functional restoration not work hardening, biofeedback, hypnosis, group sessions, discussions on nutrition, process group sessions, etc.

There were a great deal of extraneous services provided and billed that do not directly relate to a sprain/strain injury. There was no evidence of significant psychological problems beyond the patient's reaction to the pain and the stress of the fall. No evidence was presented that clearly indicated the patient was experiencing clinical depression as a direct effect of the industrial injury or had any manifestations of psychological problems that would have prevented her from participating in the activities of daily living, holding a job, if she so chose, or any other activity.

ITEM(S) IN DISPUTE: Was the work hardening program 97545-WH-CA and 97546-WH-CA from 3/14/05 to 6/3/05 medically necessary?

The work hardening program, biofeedback training, hypnosis, process group, etc., are not shown to be medically necessary.

Conclusion/Decision to Not Certify:

Medical necessity has not been shown for the work hardening program provided by North Texas Pain Recovery Center.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

This decision is based upon over 400 pages of documentation, local and national community standards and the following reference.

References Used in Support of Decision:

Occupational Medicine Practice Guidelines, 2nd Edition, American College of Occupational and Environmental Medicine, OEM Press, 2004. Citations are referenced in the text of the discussion.

This reviewer has been provided by a licensed chiropractor in active practice for over twenty years. This reviewer is a Board eligible Chiropractic Orthopedist and is a member of their state Chiropractic Association and the American Chiropractic Association. This reviewer specializes in disability evaluation, industrial injuries, roentgenology and independent medical examinations and is active in continuing education related to disability and impairment ratings. The reviewer has additional qualifications and training in Acupuncture. This reviewer is certified by their State Chiropractic Association in Industrial Disability examinations and evaluations.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1206397.1

Case Analyst: Jamie C ext 583