

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-0837.M2

NOTICE OF INDEPENDENT REVIEW DECISION

September 16, 2002

RE: MDR Tracking #: M2-02-0667-01
IRO Certificate #: 4326

____ 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 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____ 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 34 year old female sustained a work related back injury on ____ while lifting. She was diagnosed with lumbar herniated nucleus pulposus, lumbar radicular neuralgia, and muscle spasms. On 03/07/01 she underwent a lumbar decompression at L4-L5. She received three epidural steroid injections and on 03/08/02, she underwent an initial functional capacity evaluation (FCE). The treating chiropractor has recommended that the patient participate in a work hardening program x 30 sessions.

Requested Service(s)

Work hardening program x 30 sessions

Decision

It has been determined that the work hardening program x 30 sessions is not medically necessary.

Rationale/Basis for Decision

Based on the documentation submitted for review, the work hardening program is not medically necessary. This 34 year old female who sustained a work related injury on ____, was diagnosed with a herniated disc at L4/L5 for which she underwent surgery on 03/07/01. One year after surgery, on 08/08/02, a FCE was administered which recommended a work hardening program. She is now more that 3 years post-injury and 18 months post-surgery. The standard of care within the industries of chiropractic and physical medicine indicate that a work hardening program should be initiated within one year of the injury. Studies have suggested that the efficacy of work hardening programs initiated more that 12 months post-injury is not well established. These criteria are from the American Physical Therapy Association's (APTA) own criteria for work hardening and work conditioning. The APTA further suggested that a work hardening program should not be initiated after one year of being off work without an independent, comprehensive multidisciplinary medical work up. The FCE dated 03/08/02 does not state at what physical demand level the worker is currently functioning. This is usually a key component of the FCE in developing a goal-oriented plan for participation in the program. The first indication of a psychological concern was initiated at the time of the FCE. If the patient had exhibited some psychological component to her symptomatology, it should have been investigated and documented prior to the FCE dated 03/08/02. A multidisciplinary approach is typically utilized in a work hardening program to include comprehensive psychological treatment. Therefore, the work hardening program x 30 sessions is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of

Proceedings within 20 (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,