

September 19, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0802-01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Physical Medicine and Rehabilitation.

The physician reviewer AGREES with the determination of the insurance carrier. The reviewer is of the opinion that the work hardening program as requested, is not medically necessary in this case.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician 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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on September 19, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0802-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Progress notes from _____.
2. Progress notes from _____.
3. Functional capacity evaluation.
4. MRI report.
5. EMG report.
6. Procedure note reports from various injections and other modalities.

B. BRIEF CLINICAL HISTORY:

This is a 47-year-old 5-ft. even, 340-pound morbidly obese female who sustained a repetitive lifting injury and low back strain. Initially treated as a simple myofascial injury, she underwent imaging studies noting diffuse degenerative changes, osteophyte formations, and a disk lesion of approximately 4.0 mm at the L5-S1 level. Initial presentation noted this lady to have straight-leg raising positive at approximately 20 degrees.

She continued to undergo modalities and medications, and came under the care of _____ who provided a number of injections and other invasive modalities in an attempt to ameliorate her low back pain. _____ has attempted to expand the diagnosis to a bilateral sacroiliitis, a bilateral lumbar facet syndrome, lumbar diskogenic pain, and other myofascial-type situations. However, it is clear that this is a simple lifting myofascial strain-type injury in this lady with pre-existing degenerative arthritis and a disk lesion associated with the premorbid obesity.

Additionally, she has had, as far as can be gleaned from the notes, several trials of work hardening. She was started on work hardening on approximately March 28, 2002, and was advanced to a four-hour day work hardening program as of April 9, 2002, and was continued for approximately ten days through April 18, 2002. At that time, the notes reflect that there was a clearance for three additional weeks of work hardening in conjunction with a return to work in a non-weightlifting

situation. (It would appear that she was working as a “greeter” at the local ____.)

C. DISPUTED SERVICES:

It would appear that the work hardening program is being disputed. However, it is not clear if this was a request for an entirely separate work hardening program, or the work hardening that had been completed.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. THE WORK HARDENING REQUESTED IS NOT MEDICALLY NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

This is an obese lady who sustained a simple myofascial lifting injury of the lumbar spine. Appropriate treatment would include non-steroidal anti-inflammatory medications and a short-term muscle relaxant. In addition to this, it would include aggressive physical therapy to rehabilitate the musculature of the lumbar spine as well as the abdomen, as it is well known that both these muscle groups contribute to the presence of low back pain; and additionally, an aggressive home exercise program that emphasizes overall conditioning and fitness as well as dietary changes to achieve a certain level of weight loss in this particular case.

In summary, in this particular case, this is a lady who needs to be instructed on an aggressive conditioning program as well as weight loss programs to achieve a level of fitness that would accommodate her return to work. Moreover, this fitness level would help ameliorate the myofascial strain associated with the compensable injury. Therefore, a work hardening program as requested and outlined is not medically necessary.

F. ADDITIONAL COMMENTS:

Given that there was a return-to-work option of no lifting, as a greeter, a partial work hardening program of escalating value would be appropriate.

Therefore, in this regard, the carrier is correct. However, given the nature of the work environment, the need for more than two hours of work hardening would be appropriate. Overall, the program should have been approximately 2 to 4 weeks of no more than four hours a day, emphasizing conditioning exercises as well. There is no indication for a need for a psychiatric component to this injury as would be the difference between a work conditioning and a work hardening program. Therefore, the request for work hardening is somewhat excessive.

G. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 19 September 2002