

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 24, 2002

Re: IRO Case # M2-02-0915-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 21-year-old male who fell while working on a roof in ____. He was holding on to a rope when he fell. He landed on his feet in a standing position. The patient developed pain in his hands, wrists, neck and back. Conservative treatment included physical therapy and medication. An x-ray of the cervical spine was negative. An MRI of the cervical spine showed degenerative changes and a protruding disk at C5-6. EMG/NCS were performed twice and led to diagnoses of bilateral S1 radiculopathy and left L5 radiculopathy. A second MRI suggested multi-level degenerative disks at L2-3, L3-4 and L5-S1, with protruding disks measured at 2mm at the midline. X-rays of the lumbar spine were unremarkable.

The patient continued to have significant pain and tenderness in the neck and low back. He was also positive for straight leg raising bilaterally, and had diminished sensation in the right hand. He apparently remained off work throughout his treatment. A FCE on 4/22/02 indicated that the patient was functioning at a light physical demand level.

Requested Service

Work hardening 5 days a week for 6 weeks

Decision

I agree with the carrier's decision to deny the requested work hardening program.

Rationale

While the FCE reports the patient's functional deficits, there is no objective evidence in the records of a need for a multidisciplinary program. If psychological or vocation screening has been done and demonstrates deficits in these areas, then a work hardening program might be more appropriate.

At this time it appears that the patient might benefit from a work conditioning program, involving only a single disciplinary approach. The patient also might benefit from more treatment of his symptoms, including invasive procedures such as epidural steroid injections.

Degenerative disks in the spine do not preclude one from engaging in physical activity. The literature is full of studies showing the existence of degenerative and even herniated disks in asymptomatic individuals.

This medical necessity decision by an Independent Review Organization 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 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** (ten) days of your receipt of this decision (28 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 a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this 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,