

April 16, 2003

Re: Medical Dispute Resolution  
MDR #: M2-03-0044-01  
IRO Certificate No.: 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 who is certified in the practice of Chiropractic medicine.

Clinical History:

This male claimant sustained injuries to his back and neck on his job on \_\_\_\_. MRI of the lumbar spine showed a shallow posterior bulge of the L4-L5 disc with no mass effect, and mild facet arthropathies from L-3 through S-1. Neurodiagnostics on 02/05/02 revealed a C-5 and C-7 mild to moderate nerve root irritation, and bilateral L-5 nerve root irritation. Records reflect that the patient has participated in a course of conservative therapeutics prior to a session of work hardening. FCE's were performed on 02/22/02 and on 06/14/02, revealing minimal documented psychosocial deficits. In addition, the FCE on 06/14/02 shows that the patient was able to meet the medium-heavy physical demands level classification.

Disputed Services:

Four-week work hardening therapy.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that a four-week work hardening program is not medically necessary in this case.

Rationale for Decision:

Documentation submitted for review does not show evidence to warrant a four-week trial of work hardening therapy. The psychosocial qualitative/quantitative data, when compared with the patient's ability to meet the medium-heavy job demands level in his

06/14/02 FCE, does not show relevance to favor work hardening therapies vs. a lower level of therapeutic applications.

Referenced publications:\

- *Unremitting Low Back Pain. North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Care Specialists.* North American Spine Society; 2000, 96 p.
- *Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach.* J. Back Musculoskeletal Rehabil. 1999, Jan. 1; 13: 47-58.

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 care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to 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 April 16, 2003

Sincerely,