

NOTICE OF INDEPENDENT REVIEW DECISION

February 17, 2003

RE: MDR Tracking #: M2-03-0200-01
IRO Certificate #: IRO 4326

The ___ 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 40 year old male sustained a work-related injury on ____. The patient was performing a two-man lift with a co-worker when the co-worker released his grip causing the patient to bear the weight of a 50-pound trash can. A "pop" was experienced over the lumbar region with instant pain. The medical history shows a progression through both conservative and invasive management that has included: medication, physical therapy, chiropractic, lumbar fusion of L5-S1, injections, pain management, and work hardening. Diagnostics reveal: L4-5 sensor radiculopathy 09/16/99; MRI of the lumbar spine on 05/18/01 revealing a broad based disc bulge 2-3mm at L5-S1; and CT myelogram of the lumbar spine on 10/02/01 revealing a 4-5mm central disc herniation with ligamentum flavum hypertrophy causing stenosis. The patient continues to be under chiropractic care.

Requested Service(s)

Work hardening program

Decision

It is determined that the work hardening program is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has had an exhaustive course of conservative and invasive management, but release to a home program is not warranted and/or appropriate. Rehabilitation must be performed in a controlled setting so that the patient can be monitored. Alteration in any movement requested can lead to alteration of musculature firing patterns further clouding already aberrant body mechanics.

The patient underwent surgery on 04/08/02 and lumbar fusions require far more monitoring than release to a home-based exercise program and the occasional plain flexion/extension lumbar x-rays. Any treatment algorithm other than a rehabilitation focused model will result in a poor surgical outcome. Therefore, the work hardening program is 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,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 this 17th day of February 2003.
