

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 11, 2002

RE: MDR Tracking #: M2-03-0242-01
IRO Certificate #: 5263

___ 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

Records reviewed show that the claimant sustained a work-related injury on ___. The claimant was moving pallets and lifting products which later caused an episode of soreness all over his body. Two days later all of these symptoms dissipated other than lower back pain. On 05/13/02 he reported his lower back pain to his supervisor and was sent to ___. Lumbo-sacral radiographs were performed and were negative.

The claimant presented himself at the chiropractor's for evaluation on 05/17/02. The chiropractor's provided information shows that the claimant participated in treatment at his office from 05/17/02 to the present date. The chiropractor's treatment included spinal manipulation, deep tissue massage, active stretching, electrotherapy, ultrasound, cryotherapy, and myofascial release. The claimant also participated in doctor supervised therapeutic exercises and range of motion and flexibility therapeutic procedures.

Requested Service(s)

Work conditioning program, five days per week for four weeks.

Decision

After consideration of all submitted medical records, I agree with ___ and recommend denial of the requested work conditioning program at five days per week for four weeks.

Rationale/Basis for Decision

Reasons for this decision are as follows:

- 1) Records reviewed do not indicate any prolonged period of inactivity which might have produced muscular atrophy or deconditioning.
- 2) the claimant's records do indicate that he participated in extensive doctor supervised rehabilitation which he was able to complete well, even during his acute episodes.
- 3) Functional capacity exam studies performed on 08/01/02 indicate his ability to perform at light to moderate duties.

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** (ten) 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,