

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 5, 2003

Re: IRO Case # M2-03-0434

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 47-year-old male who injured his back when he fell on wet floor on ____. He immediately felt low back pain, but he had the greatest onset of pain the following day. He was treated with chiropractic treatment. An MRI of the lumbar spine 11/8/01 was said to show a broad-based 2-3 mm disk protrusion at L4-5 and a 2mm disk bulge at L3-4. The patient underwent a neurosurgical consultation on 1/7/02 and it was determined that he was not a surgical candidate. An EMG 2/7/02 was reportedly significant for S1 radiculopathy. A myelogram indicated a shallow protruded disk at T12-L1, a posterior shallow protruded disk at L3-4 and L4-5 with borderline to mild central spinal stenosis at these levels, and left intra foraminal stenosis at L4-5. There was also a suggestion of a left paracentral protrusion at L5-S1. A post myelogram CT scan demonstrated a 3 mm diffused protruded

disk at T12-L1, borderline spinal stenosis, a shallow, diffuse protruded disk at T12-L1 and borderline spinal stenosis; a shallow diffuse protruded disk at L3-4; borderline spinal and foraminal stenosis at L4-5 and another diffuse protruded disk on the left; a diffuse protruded disk at L5-S1 with left sided foraminal stenosis.

The patient underwent lumbar epidural steroid injections which only provided short term relief. An FCE 7/9/02 stated that the patient's job requires continuous standing, bending, twisting, and turning, and also pulling, stooping, squatting, kneeling, and lifting weight up to 25 pounds. The patient demonstrated an ability to lift zero pounds on a frequent basis, and 10 pounds on an occasional basis. The therapist recommended a chronic pain management program, and the Designated Doctor indicated in his history that the patient completed the pain management program. On a second FCE on 10/8/02 the patient demonstrated an ability to lift weights of 30 pounds on a frequent and an occasional basis. However, the second FCE states that the patient's job requires him to lift weights of up to 50 pounds, in contrast to the description in the first FCE that the job requires the ability to lift up to 25 pounds. A work hardening program was then recommended. A Designated Doctor's Examination 11/18/02 determined that the patient was at MMI and he was assigned an impairment rating of 10%.

Requested Service

Work Hardening Program 5x wk for 6 wks

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The records do not indicate any need for the patient to undergo a multidisciplinary program. The patient already has been through a pain management program, which would include psychological counseling. A multidisciplinary work hardening program would duplicate this treatment. Furthermore, the discrepancies in the two FCEs regarding the patient's lifting job requirements casts doubt on the reliability of the work hardening recommendation. It is unclear if the patient could tolerate other activities or positions required by his job. The patient did have physical deficits and it is possible that continued physical therapy or a work conditioning program with job simulation might be appropriate.

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,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 7th day of February 2003.