

April 16, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-0619-01
IRO Certificate #: 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 47-year-old male claimant injured his thoracic and cervical lumbar area and neck secondary to an acute twisting injury on his job on ___. He was hit in the face with a high-pressure hose. He suffers with ongoing, severe neck pain, radiating to the upper extremities and upper back. On 01/08/03, he reported that his pain consisted of constant throbbing, stabbing and aching and is rated as a 5 on a pain scale of 1-10. He states that riding in vehicles, bending, standing, walking, lifting or jolts to the body exacerbate the pain.

He is currently listed at medium work demands, but his job description requires heavy-duty demands. He is, apparently, a cooperative patient, having completed four weeks of work conditioning with noted improvement. However, he has some psychological issues, reporting frustration and depression with his physical limitations since his injury. He also has concerns over his financial future if he is unable to return to work at his prior employment.

Disputed Services:

Work hardening program.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that a work hardening program is medically necessary in this case.

Rationale for Decision:

There are no objective tests from which to determine the need for the appropriate care or the conclusion of it. However, there is a sound rationale for spinal rehabilitation for chronic musculo-skeletal pain. Whereas palliative measures, in particular spinal manipulation, give much needed symptomatic relief and improve activity tolerance in acute pain patients, it is exercise that has proven to be effective in chronic situations. Generally, passive care is time-limited, progressing to active care and patient functional recovery.

This patient's psychological, as well as his physical issues should be addressed. The psychological component of a work hardening program would be key to his recovery and return to full time work status with no restrictions.

Referenced Publications:

- The Purpose of Spinal Rehabilitation: Integration of Passive and Active Care, authored by Craig Liebenson
- Physiotherapy and Rehabilitation Guidelines for the Chiropractic Profession, authored by K.D. Christensen, D.C.
- The Commission of Accreditation and Rehabilitation Facilities (CARF) 1994 Standards Manual.

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,