

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 6, 2003

Re: IRO Case # M2-03-0920

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 for this review, is as follows:

History

The patient is a 55-year-old male who on ___ was lifting a case of beverages when he felt acute pain in his groin and back. He was treated with chiropractic and passive modalities. An MRI of the lumbar spine on 10/2/02 was significant for bulging at L2-3, protrusion at L3-4, and central disk herniation at L4-5 and L5-s1. Electrodiagnostic testing on 1/30/03 was mostly normal. But evoke potentials showed a possible S1 radiculopathy on the left side. A CT scan of the lumbar spine on 10/2/02 further showed the bulges and herniations seen on the MRI. An FCE on 12/2/02 indicated that the patient was functioning at a medium physical demand level with no significant loss of range of motion. An FCE 1/9/03 showed improvements in range of motion and lifting ability, but the patient was still rated at the medium work level.

Requested Service

Work hardening program

Decision

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

Rationale

The patient suffered injury to the lumbar spine and groin on _____. He was treated extensively with chiropractic and physical therapy. FCEs documented improved range of motion and lifting ability, and the patient was functioning at a medium physical demand level. The patient would therefore be able to return to work at this level, with modified duty restrictions with a gradual return to full duty. Therefore neither a work conditioning program nor a multi disciplinary work hardening program would be medically necessary

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 8th day of May 2003.