IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 6, 2003

Re: IRO Case # M2-03-0996

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 42-year-old male who on ___ was moving furniture when he felt an acute onset of pain in his lower back. A few days later he sought medical care and was diagnosed with lumbar strain and started on medication and physical therapy. X-rays were significant only for spondylosis without acute fracture or dislocation. An MRI 9/17/02 showed a disk herniation at L5-S1, and a smaller disk herniation at L4-5. NCS on 10/25 showed abnormal somatosensory evoke potentials bilaterally. Pathology in the left ulnar nerve was also noted. The patient was started in the work hardening program in November, 2002. An FCE on 11/6/02 showed the patient to be functioning at a light/medium physical demand level, a second FCE 12/30/02 showed him to be still functioning at that level, and a third FCE on 2/4/03 showed the patient to be functioning at a light physical demand level. After a

designated doctor examination on 1/23/03 the patient was found to be at MMI and assigned a 5% wole person impairment. EMG/NCS on 2/14/03 were normal.

Requested Service(s)
4 weeks work conditioning

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

Rationale
The patient injured his low back and was treated with physical therapy and medications. An MRI showed two disk extrusions, but the patient did not complain of any radicular symptoms, only of low back pain. Electrodiagnostic testing was unremarkable. He completed a work hardening program and FCEs showed him to be functioning at the light/medium physical demand level. Throughout his care the patient remained off work. During his designated doctor exam, the patient stated that his back pain was "not too much." He denied difficulty walking, sitting, standing, bending or stooping, and he stated that he was able to carry out his activities of daily living without any significant problem. The designated doctor evaluation revealed very minimal generalized tenderness in the low back, normal range of motion, and no neurological abnormalities on physical examination. There was no objective evidence of clinical deficits or abnormalities that would prevent the patient from returning to work in some capacity. Rather than a work conditioning program, a gradual return to regular duty would be more beneficial. Furthermore, the FCEs completed before, during and after the work hardening program failed to demonstrate improvement in the lifting tests. Therefore, it is questionable if the patient would show any improvement following another four weeks of work conditioning.

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 9th day of June 2003.