

June 24, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-1069-01

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 Board Certified in Orthopedic and Spine Surgery.

Clinical History:

This female claimant experienced a sharp pain over the lumbosacral region in a work-related accident on ____. After a number of hours, the pain radiated to the left lateral, distal lower quarter below the knee. She was initially seen by a physician who prescribed pain medication and released her to light duty.

MR imaging of the lumbar spine on 01/10/03 revealed an L5-S1 small left paracentral annular tear with no discal protrusion, and mild facet hypertrophy, causing mild lateral recess/foraminal narrowing.

Neurodiagnostics performed on 01/30/03 are suggestive of an L-5 and S-1 radiculopathy. FCE performed on 02/05/03 demonstrates that the patient is capable of medium work demands. A designated doctor examination on 02/26/03 revealed that the patient was not at MMI (Maximum Medical Improvement).

Disputed Services:

Work hardening program.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that a work hardening program is not medically necessary in this case.

Rationale for Decision:

It is apparent that this patient does require a course of rehabilitation with a return-to-work focus. However, attempting to transition this injured worker into a tertiary level of care that is, at this time, not warranted. The patient has no evidence of psychosocial risk factors. No baseline has been established to warrant this multi-disciplinary treatment algorithm. FCE performed on 02/04/03 shows that the patient meets medium work demands, as noted in the *Dictionary of Occupational Titles*.

The aforementioned information has been taken from the following references and clinical practice guidelines:

- Calle, E.E., et al., *BMI and Mortality in a Prospective Cohort of U.S. Adults*, New England Journal of Medicine, 1999; 341:1097-1105.
- *Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach*. J. Back Musculoskeletal Rehabil., 1999; Jan 1, 13:47-58.
- *Unremitting Low Back Pain, North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Care Specialists*. North American Spine Society; 2000, 96 p.

I am 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 June 24, 2003.

Sincerely,