

NOTICE OF INDEPENDENT REVIEW DECISION

September 3, 2003

RE: MDR Tracking # M2-03-1612-01
IRO Certificate # IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a back injury on ___ while picking up a box of bamboo. He has had conservative treatments including chiropractic, physical therapy, and medications. He eventually underwent a decompression lumbar laminectomy at L5-S1 on 11/12/02. The patient has completed four weeks of work hardening.

Requested Service(s)

4 additional weeks of work hardening coupled with manual joint manipulation to restore the biomechanical function of joints, to increase range of motion, strength and conditioning, and to improve functional and physical capacity

Decision

It is determined that the proposed 4 additional weeks of work hardening coupled with manual joint manipulation to restore the biomechanical function of joints, to increase range of motion, strength and conditioning, and to improve functional and physical capacity are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient was evaluated by a pain management physician and was scheduled for lumbar facet joint and sacroiliac joint blocks. He was also prescribed Zanaflex and Celebrex. His report indicated that the patient complained of pain that was not getting better and his back pain was

bilateral, worse on the left. The patient had received 23 sessions of work hardening but did not have a job to return to after the requested additional four weeks.

___ conducted a study to identify factors that predict successful work hardening outcomes. Two measures of success were used: return to work and case closure (i.e., resolution of medical treatment issues). Persons with spine-related injuries who completed a work hardening program were the subjects. The authors found that three months after program completion, 68% of the subjects had returned to work and 86% had successful case closure. Twelve months after the program completion, 77% of the subjects received prior to entering the program, the less likely there were to be working or achieving case closure following treatment. Subjects' work status and initial time off of work were factors predicting early return to work, but not 12 months after program completion. (*Beissner KL, Sanders RL, McNanis BG. "Factors related to successful work hardening outcomes", Physical Therapy 1996 Nov; 76(11): 1188-201*).

In light of the fact that the patient had no job to return to, his response to the initial work hardening program was minimal, and he was seeking pain management interventions in the form of sacroiliac and facet joint injections for the control of his lower back pain, the request for four more weeks of work hardening was not medically indicated. Therefore, it is determined that the proposed 4 additional weeks of work hardening coupled with manual joint manipulation to restore the biomechanical function of joints, to increase range of motion, strength and conditioning, and to improve functional and physical capacity are not medically necessary.

This decision by the IRO is deemed to be a TWCC 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) calendar 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (h), 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 this 5 th day of September 2003.
