

NOTICE OF INDEPENDENT REVIEW DECISION

October 30, 2003

RE: MDR Tracking #: M2-03-1775-01
IRO Certificate #: IRO4326

___ 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. ___'s 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 ___ when a vehicle traveling about 45 mph rear-ended the stationary truck he was in. He saw a chiropractor for therapy and treatment and has also taken anti-inflammatory medications. MRIs dated 05/29/03 revealed small disc protrusions at C5-6 and C6-7, a disc bulge at L4-5 with facet ligamentum flavum thickening, and facet arthropathy at L5-S1 with a disc protrusion.

Requested Service(s)

Work conditioning program five times per week for four weeks

Decision

It is determined that the proposed work conditioning program five times per week for four weeks is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient underwent a functional capacity evaluation (FCE) on 06/11/03 that revealed he was functioning at the sedentary-light physical demand level. The test was repeated on 07/08/03 and found he was functioning at the light physical demand level. A work conditioning program was denied since the patient had attended five to six months of active physical therapy and rehabilitation with exercises and the recent FCE placed him at the light physical demand level.

The work conditioning program requested is not medically necessary. The medical records reviewed did not demonstrate that the patient had an extensive course of active physical therapy care as the chiropractor's records indicated that active care began in mid-June 2003 after a month-and-a-half of passive care. The patient was making suitable improvements with less intensive outpatient therapeutic exercises in the chiropractor's office and there was no established medical necessity for the increase in the volume and intensity of services in the work conditioning request.

Internal memos reviewed indicated that the patient was an overweight individual who had asthma that limited the length of time he could exercise. Therefore, the requested work conditioning program was not medically necessary, as the patient could be sufficiently treated with active care on a less intensive outpatient basis by the chiropractor.

Wier and Nielson conducted a review to determine how effective modified work programs, work hardening, and work conditioning are in the management of chronic pain disability. The literature search identified two systematic literature reviews to provide the evidence about these interventions for disability management. Studies of work conditioning showed methodological variability, heterogeneous subjects, variable definitions of modified work, and limited outcome measures. Using return-to-work outcomes, eight of the 11 studies of adequate methodological quality reported positive effects of modified work programs, mostly light duty. Most study results were uncertain, though results of three of the four medium-quality studies were positive. The authors concluded that modified work programs might improve return-to-work rates of workers with work-related injuries for six months or longer. There is inadequate evidence to determine what particular aspects of modified work programs are helpful. Work conditioning and work hardening may or may not improve the return to work of more chronically disabled workers. (*Weir R, and Nielson WR, "Interventions for disability management", Clin J Pain 2001 Dec;17(4 Suppl):S128-32*). Therefore, it is determined that the proposed work conditioning program five times per week for four weeks is 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 30 th day of October 2003.
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