

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 11/18/03

MDR Tracking Number: M2-04-0049-01

IRO Certificate Number: 5259

October 27, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

___, a 46-year-old male, sustained an on the job injury while working on a dock, sorting plywood. He stepped on a piece of wood, twisted and fell, landing on his tailbone. He had immediate pain however kept working for about two months. He consulted with his primary care physician, ___, who eventually ordered a MRI of the lumbar spine on 4/23/02. This showed a disc herniation to the left at L5/S1,

compressing the left neural foramina, impinging the left L5 nerve root, along with a board based degenerative disc protrusion at L4/5 and L5/S1. There was some mild spinal stenosis at L4/5. He was prescribed Lortab without much effect and so eventually sought care with ____, another primary care physician. He had an unsuccessful trial with a Medrol dose pack, so was then referred to an orthopedist, ____. He was treated with a series of epidural steroid injections, along with physical therapy, with minimal results and so subsequently underwent a decompressive laminectomy/discectomy on 06/06/03. He followed up again with six or seven months of postoperative rehabilitation/physical therapy. He returned to light duty around November/December 2002 then regular duty in April 2003. He initially did well with work, then woke up with a sneezing spell in May 2003. This caused an exacerbation of his pain and he returned to ____. A repeat MRI was performed 6/13/03 and showed degenerative disc change L4/L5 and L5/S1, with central canal stenosis at L3/L4. There were high intensity zones at L4/L5 and L5/S1, with a small left posterolateral disc herniation at L5/S1. There was also a synovial cyst, left facet joint, with resultant left lateral recess and foraminal stenosis. He was given another Medrol dose pack, returned to physical therapy and chiropractic care, along with a TENS unit for use at home. He was taken off work once more and ____ referred him for a functional capacity evaluation to ____, a chiropractor on 06/24/03. The FCE determined that the patient was functioning at a sedentary-light physical demand level and would benefit from a 4 week rehabilitation program. He made some improvement, and in August 2003 ____ felt that some work hardening was appropriate. The patient underwent a psychological evaluation on 7/31/03, by ____, a licensed psychologist. The psychologist identified both depression and anxiety related to pain, his injury and resultant changes in his lifestyle, consistent with a mood disorder due to chronic pain, with depressive features. Additionally ongoing symptoms consistent with adjustive disorder with anxiety were identified. Recommendation indicated that he would be a good candidate for a work hardening program. A follow-up functional capacity evaluation was performed 8/1/03, identifying him to be functioning in a light-medium physical demand level.

There was apparently significant difficulty in obtaining preauthorization for the work hardening program and a note from the claims examiner, dated 10/6/03, advises that the patient was returned to full duty work on 9/27/03. Apparently the insurance carrier had purchased a health club membership in lieu of pursuing the work hardening. An amended

TWCC 73, also dated 9/27/03, was filled in by ____, returning the patient to full unrestricted duty.

The denied preauthorization for work hardening, denied based on medical necessity, was referred for medical dispute resolution purposes through the IRO process prior to the patient returning to work.

REQUESTED SERVICE(S)

Prospective medical necessity of Work Hardening Program 5x week for 6 weeks.

DECISION

The patient appears to be an appropriate candidate for work hardening, based upon the review of the records.

RATIONALE/BASIS FOR DECISION

The patient has undergone extensive conservative care measures, progressing to surgery with substantial post operative rehabilitation, with a successful return to work. He suffered an exacerbation and was returned to a rehabilitation setting. Some barriers to returning to an appropriate full duty status were identified. Considering the length of time since his injury and the degrees of intervention, if the patient does fail to sustain at his full duty status, a more intensive multidisciplinary approach would then appear to be viable in this case. The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such may or may not change the opinions rendered in this evaluation.

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 (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 28th day of October, 2003.