

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-04-1953.M2**

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 5, 2003

Re: IRO Case # M2-04-0391-01

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 Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. 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 23-year-old male who in ___ was pushing carts up a ramp and developed back pain. He had had similar discomfort after an injury two years earlier. The earlier injury was cared for by physical therapy, and the patient was able to return to work. The patient was doing well until the re-injury in ___. The

patient also had some left lower extremity discomfort. The patient apparently does not want to consider a surgical possibility. A 10/4/01 MRI showed possible surgical circumstances at L4-5.

Electrodiagnostic studies indicated L4, L5 and S1 radiculopathy. Also found was some evidence of peripheral neuropathy. It was recommended that the patient enter a work hardening program in hope of returning him to work.

Requested Service(s)

Work hardening program daily x 4 weeks

Decision

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

Rationale

The patient had had a previous back injury that had been helped by physical therapy. It may well be the case that a more extensive multi-disciplinary program may be beneficial in enabling this young man to return to work for a number of years without re-injuring his back. Surgery may become a consideration in the future if the work hardening program is not beneficial. At this time, however, this young man may benefit from the general care given in the work hardening program rather than pursuing surgery.

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 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 a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
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 other party involved in this dispute.

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 December 2003.