

## NOTICE OF INDEPENDENT REVIEW DECISION

January 8, 2004

MDR Tracking #: M2-04-0448-01  
IRO Certificate #: IRO4326

The \_\_\_ 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 low back injury on \_\_\_ mechanism unknown. His provider is requesting a work hardening program.

### Requested Service(s)

Proposed work hardening program

### Decision

It is determined that the proposed work hardening program is not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

There is no functional baseline presented for review that would allow an Independent Medical Examiner the ability to determine the efficacy of any proposed therapeutic trial. In addition, there exists no psychological baseline to warrant transition into a multidisciplinary work hardening program that has a behavioral component versus unidisciplinary work conditioning program that does not have an emphasized behavioral component. The sheer lack of qualitative/quantitative data is the reason why the provider's request for upper level therapeutics cannot proceed forward at this time. Therefore, it is determined that the proposed work hardening program is not medically necessary.

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

- Karlqvist L, et al. *Physical demands in working life and individual physical capacity.* Eur J Appl Physiol, 2003 Aug; 89(6): 536-47.
- *Overview of implementation of outcome assessment case management in the clinical practice.* Washington State Chiropractic Association; 2001. 54p.
- Roberts-Yates C. *The concerns and issues of injured workers in relation to claims/injury management and rehabilitation: the need for new operational frameworks.* Disabil Rehabil. 2003 Aug 19; 25(16): 898-907.

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,

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| 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 8 <sup>th</sup> day of January 2003. |
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