

December 15, 2003

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TWCC Medical Dispute Resolution
MS-48
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MDR Tracking #: M2-04-0481-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___, a 28-year-old male, sustained an "on the job" injury after being assaulted and struck in the face by a co-worker. There was no loss of consciousness, he was taken to ___ where he was diagnosed with a fracture of the left facial orbital bone, with neck sprain. He also complained of a headache and ear pain. CT scan on 5/14/03 confirmed fracture of the right maxilla and involving ventral wall of the inferior rim of the left orbit and posterior lateral wall of the maxilla, with little displacement. MRI of the cervical spine on 5/16/03 showed 2 mm central disc herniations impinging upon the subarachnoid space at C3/4 through C6/7 (4 levels) without affect on the exiting nerves. He sought care and from ___ and subsequently underwent extensive courses of physical therapy, while being off work until light duty return on 06/07/03. EMG/NCV of the upper extremities performed on 5/28/03 were normal. He then sought care from ___ who referred to the patient to ___ on 7/1/03 for further therapy / chiropractic care.

Complaints continued to be moderate to severe neck pain extending down into the upper back, with some lateralization of numbness and tingling to the left thumb / index finger. The patient also complained of occipital headaches with some facial pain, intermittent ringing in the ears and visual disturbances. The patient continued with pain and was referred to an orthopedist, ___ who recommended an epidural steroid injection with continued physical therapy.

The patient underwent an RME with ___ on 08/18/03 along with a functional capacity which showed him to be functioning in the sedentary physical demand category, however with submaximal, inconsistent effort demonstrated.

A request for work hardening was then made on 9/18/03 after a repeat FCE was performed, demonstrating a Light PDL. ___, in conjunction with ___, identified anxiety and depressive tendencies. These were felt to be barriers to further recovery and so a two week trial of work hardening was requested.

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

REQUESTED SERVICE

A ten-session work hardening program is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient appears to be an appropriate candidate for a trial of work hardening, based upon the review of the records. He has undergone extensive conservative care measures, yet remains with some functional and strength deficits that preclude a return to work. Volitional effort has been questioned in a functional capacity environment, along with anxiety and depressive disturbances. These issues may be further barriers to recovery unless addressed. Considering the length of time since his injury and the degrees of intervention, a more intensive multidisciplinary approach would appear to be viable in this case.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 15th day of December 2003.