

April 2, 2004

REVISED REPORT
Correct Respondent information

Re: MDR #: M2-04-0599-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in Chiropractic Medicine.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

Clinical History:

The patient was initially injured on the job on ____. He was initially seen the next day and the treatment was begun. Over the course of time, the patient had a treatment program. On numerous occasions it was recommended that the patient undergo surgery; however, due to other health problems, his needed surgical intervention was significantly delayed. After a change of treating doctors, a referral to a surgeon was made. Again, due to significant underlying health problems, surgical intervention was delayed for an extended period of time. One surgery was performed with a follow-up visit 1 month later by the surgeon. The patient was released to begin a rehabilitation program.

After the surgery was performed and the patient was released by the surgeon, an aggressive post-surgical rehabilitation program was begun. Additional diagnostic testing in the form of functional capacity evaluation and behavioral assessment was performed.

Records indicate the patient was seen by the surgeon on July 16th as a follow-up visit after surgical procedure was performed on June 12, 2003. At that time, he was released to begin post-surgical rehabilitation program.

Subsequent medical reports dated August 22, 2003, September 23, 2003, October 21, 2003, reveal the patient continued to be progressive in an active rehabilitation program. Behavioral assessment dated 10/10/03 indicates that even after all the treatment the patient had received, including surgical intervention and post-surgical rehabilitation for several months, he continued to rate his pain as a 9 on a scale from 1-10, intensive, very severe.

Disputed Services:

Work hardening program X 6 weeks.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the work hardening program in dispute is not medically necessary in this case.

Rationale:

From functional capacity evaluation and behavioral assessment subsequent reports and evaluations, it does not appear that this patient will be able to return to his former very heavy job classification. Based upon the review of all provided records, as well as national treatment guidelines, it is not reasonable, usual, customary, or medically necessary for this patient to undergo a 6-week work hardening program.

Due to the significant high pain level, it was not felt this patient would be able to participate in such a vigorous, aggressive, multidisciplinary program as a work hardening program. It is felt this patient's condition and findings from both the treating doctor, as well as the behavioral assessment and functional capacity evaluation, that the patient is a candidate for and needs a chronic pain management program, which will assess both the unusually high pain scale rating as well as physical de-conditioning, which will be addressed.

Additional Comments:

Based upon the records, it is highly unlikely this patient will ever return to his former heavy-duty occupation and once a chronic pain management program is concluded, retraining will be necessary.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 January 22, 2004.