

NOTICE OF INDEPENDENT REVIEW DECISION

March 11, 2004

RE: MDR Tracking #: M2-04-0775-01
IRO Certificate #: 4326

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 Medicine. ___'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 back injury on ___ while pulling a 30-pound box off a rack. An MRI dated 04/21/03 revealed a large herniated disc at L5-S1. She underwent a microdiscectomy, laminectomy, and foraminotomy on 08/21/03. Her surgeon cleared for post operative rehabilitation and a work hardening program was requested.

Requested Service(s)

Outpatient work hardening program for 15 sessions

Decision

It is determined that the proposed outpatient work hardening program for 15 sessions is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

After undergoing surgical intervention, the patient was released to begin post operative rehabilitation. Months of active therapy were documented and a request for 15 sessions of work hardening was made.

Review of the records indicates this patient has had sufficient post operative rehabilitation. The most recent functional capacity (FCE) reveals the patient is within ten pounds of her lifting requirements to return to work. Both of these weight limits fell within the medium category. The

records indicate mild psychological issues are present. This patient has had months and months of treatment both pre and post surgery. The records indicate she has made progress with the treatment. Given the information provided, there is nothing in the records to indicate the need for the multi-discipline syndrome. Therefore, it is determined that the proposed outpatient work hardening program for 15 sessions is not medically necessary.

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,

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 11th day of March, 2004.