

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 1, 2004

MDR Tracking #: M2-04-0798-01
IRO Certificate #: 5242

___ 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 Chiropractic reviewer who has an ADL certification. The physician reviewer 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

According to the medical records provided for review, the claimant was standing on a ladder while at work with ___ and was struck by a metal door. The door reportedly weighed between 75 and 100 pounds. No other specific details about the mechanism of injury are known or disclosed in the medical documentation. The initial diagnoses were listed to be lumbosacral strain and low back contusion. The claimant appeared to worsen slightly after the initial evaluation. The claimant did report a past medical history upon further questioning consistent with the fact that he was knocked off a forklift sometime in the past and was out of work or perhaps underwent about 2 months of physical therapy. The details and/or date of this specific incident were unknown or not disclosed. The claimant initiated chiropractic care with ___ on 11/25/03. The claimant's initial pain ratings at the time of the initiation of the chiropractic treatment were about a 6/10 in the low back and mid-back. There was no evidence at all of radicular signs or symptoms; however, by the time the claimant saw ___ on 12/9/03 he was complaining of alleged numbness, weakness and pain in the left lower extremity. The claimant also complained of cervical, thoracic and lumbar pain when he saw ___. An MRI report of the lumbar spine of 12/1/03 revealed completely normal findings. The claimant also missed several appointments due to "previous commitments" and transportation problems. It should also be noted that the claimant was represented by an attorney. There was no clinical evidence whatsoever of nerve root tension or irritation. An FCE report of 1/7/04 revealed the claimant to be functioning at the light/medium to medium duty level and his employer reportedly required him to function at the medium duty level as part of his job as an inventory clerk. It was also interesting to note the claimant's FCE of 1/7/04 revealed the claimant's lumbar range of motion to have ranged anywhere from 111% to 182% of normal.

The claimant also demonstrated a very weak grip strength bilaterally given his age and gender. This would also be evidence of poor effort. The claimant's Oswestry score on 1/7/04 was noted to be 32% which would reflect a moderate self perceived disability. The claimant did report high levels of job satisfaction and he felt that he would definitely be back to work within 6 months. The claimant demonstrated moderate levels of depression and anxiety.

Requested Service(s)

The medical necessity of the outpatient services to include work hardening program for 30 sessions.

Decision

I agree with the insurance carrier and find that the services in dispute were/are not medically necessary.

Rationale/Basis for Decision

The documentation provided for review clearly revealed the claimant was struck by a metal door and this mechanism of injury in a 30 year old otherwise health male would not produce long term clinical sequelae. The claimant's MRI findings were reported to be completely normal. The claimant's lumbar range of motion as of 1/7/04 greatly exceeded the AMA Guides normal values for lumbar range of motion. The FCE of 1/7/04 revealed the claimant to be extremely close to performing at his required level of function by his employer. The claimant's grip strength was weak bilaterally which would indicate a poor or submaximal effort. Simply because a claimant feels out a questionnaire that reveals moderate levels of anxiety and depression does not warrant a non-cost effective intense multidisciplinary program. There is certainly insufficient rationale to support the need for a work conditioning program or a work hardening program. There is no clinical rationale or reason whatsoever to support these programs. The claimant should have returned to work in January 2004 without restrictions. There was never any evidence of lumbar radicular signs or nerve root irritation and the lumbar MRI was completely normal. The mechanism of injury was certainly documented to be of a contusion type of injury and this would not require intensive amounts of treatment especially a multidisciplinary intensive work conditioning program or work hardening program.

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 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.