

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0874-01

March 12, 2004
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

____, a 32-year-old male, sustained an on the job injury while lifting heavy rolling door rails, weighing about 300lbs, with the aid of a co-worker. Apparently the co-worker slipped and let go of his end of the bar, leaving ____ with the full weight. He dropped the bar and felt pain to his lower back with radiation into the inguinal area. He remained at work, attempted to use a fork lift but then had difficulty dismounting. He presented the following day to ____, a chiropractor who examined him and ordered x-rays, which were read as normal. ____ impression, following exam, was possible lumbar HNP, lumbosacral radiculitis, lumbar and sacroiliac sprain/strain. He proceeded to place the patient on a conservative treatment régime, consisting primarily of massage, interferential and aquatic therapy. MRI was performed 10/29/03 and read to reveal central and right off-center L5/S1, 3 mm focal protrusion with mass effect on the right L5 root and its lateral recess. Medical co-management was sort by way of ____, a pain management specialist on 10/29/03. His impression was right L5/S1 lumbar radiculopathy/radiculitis and prescribed prednisone and Ultram. The patient was next seen by ____, an orthopedic surgeon who prescribed Celebrex, Ultracet and Soma and believed him to be a candidate for lumbar laminectomy and fusion in the future if conservative treatment failed. Initial FCE performed 11/5/03 identified a medium work physical demand level. The prednisone provided significant relief and as of the 11/12/03 the patient had a 2/10 level of pain without radiation to his legs. A mental-health diagnostic interview to evaluate entry for work hardening was performed on 12/10/03. Pain level at this time was 3/10.

The interview identified generalized anxiety disorder with major depressive affective disorder with a GAF score 50 and reported that ___ appeared to be a good candidate for work hardening program.

By January, the patient deteriorated to 8/10 pain, without identifiable cause. A follow-up functional capacity evaluation was performed 1/15/04. The patient had a diminished capacity on most of the global scales and qualified for work in a light physical demand level category.

A series of lumbar epidural injections were performed by ___ without much success. The right sacroiliac joint was also injected without sustained relief, and on 1/28/04 ___ identifies patient complaints including 8/10 level of pain with anxiety, depression and sleep disturbances. On 1/30/04 ___ believes that the patient is a candidate for back surgery. This is a situation that is agreed to by ___ on 02/05/04, who proposes lumbar laminectomy and fusion.

REQUESTED SERVICES

Prospective medical necessity off work hardening program X 40 sessions

DECISION

Denied. There is no establishment of medical necessity for the above requested services.

RATIONALE

The patient has undergone extensive conservative care measures, with an apparent rapid deterioration between the end of November and December 2003. For all intents and purposes, he appears to be progressing to surgery, as conservative care along with initial pain management interventions have failed. This patient seems to continue to deteriorate with a pain level of 8/10.

Given the above circumstances, standard of care would not warrant engagement in a work hardening program at this juncture.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a 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

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 16th day of March 2004.