

MDR Tracking Number: M2-04-1073-01
IRO Certificate # 5259

April 20, 2004

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 44-year-old male, sustained injuries to his lower back and right knee while working for ____. He apparently stepped in a hole, twisting and injury his knee, as then fell backwards onto his buttocks and injured his lower back. This gentleman has a significant past history of back surgery (laminectomy) as a result of a previous work-related injury in ____. For the recent incident, he sought treatment from a chiropractor, ____, who instituted a conservative care régime consisting of manipulation with adjunctive physiotherapeutic modalities, apparently progressing to a more active interventional platform of progressive exercises. He was taken off and currently remains out of work. MRI's were obtained of both the lumbar spine (11/20/03) and right knee (9/22/03). The right knee scan revealed minimal bone bruising of the proximal lateral tibial plateau without effusion or other acute findings. The lumbar spine revealed a mild bulging of the L5/S1 disc with mild degenerative signal changes.

A functional capacity evaluation performed by the treating doctor on 1/7/04 revealed the patient's physical demand level qualifying for a light work category placement, with limitations on repetitive bending, reaching, walking and push/pulling. There were also postural limitations of sitting longer than 55 minutes and standing longer than 60 minutes.

There were acceptable coefficients of variation demonstrated on static lift and grip / pinch tests and the evaluator felt that the patient performed with valid effort over all. The patient's job description identifies physical requirement of walking and sitting for long periods of time, typing and reading at a computer, communicating in-person and by telephone with the general public. This is essentially a sedentary position elevated to a light PDL by virtue of the walking requirements.

The patient was felt to be a candidate for work hardening and was referred for a mental health evaluation on 1/21/04, with ____, LMFT. The patient mentioned that the physical therapy was somewhat helpful although he did not feel that he had experienced any improvement from the treatment. It was felt that he would be a good candidate for a work hardening program, with a moderate psychosocial stressor identified on Axis IV and a score of 50 on the GAF on Axis V. There also clinical syndromes identified that included severe adjustment reaction with mixed emotional features, panic disorder, sleep disturbance and chronic pain disorder associated with both psychological factors and a general medical condition.

The patient had an insurance requested RME by ____ on 3/4/04. ____ identified submaximal effort with symptom magnification, he did not feel the gentleman sustained any significant injury that required ongoing supervised treatment. He felt that the gentleman could return to work without restrictions although added to that he could not guarantee that the claimant would not report a re-injury or additional injury once he returned.

REQUESTED SERVICE (S)

Work hardening program x 40 sessions

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The patient has undergone extensive conservative care measures and according to the functional capacity evaluation, there are no functional and strength deficits that preclude a return to his work, aside from postural limitations on prolonged sitting and walking (more than an hour at a time). Volitional effort has been questioned in an IME situation, but not identified in a functional capacity environment. Anxiety and depressive disturbances have been identified in a psychological interview and these issues clearly may be further barriers to recovery unless addressed.

The FCE showed the patient participation to be valid, which generally is at odds with the normal admission criteria of poor/invalid participation with submaximal effort or a mixed picture of effort/participation, which generally indicates the additional treatment requirements provided by work hardening.

The sustained injury appears to have been a lumbar compression injury with sciatica, and knee contusion, with pain residuals. There is a complicating factor in the likelihood of aggravation of his prior surgical low back, particularly with respect to pain sequela, however there are no functional deficits identified in strength, mobility etc. that preclude this gentleman from returning to his workplace environment. The addition of an extended program of proposed exercises to improve strength and endurance is therefore questionable in terms of suitability.

The primary barrier to recovery appears to be the patient's psychological makeup as opposed his physical functioning ability. The job description appears to describe a relatively sedentary position aside from walking requirements. It does not seem reasonable to place the patient in such an intensive treatment program to simply increase walking tolerances. This limitation would be better addressed in a modified or accommodated return to work environment, which would serve to be the more ideal real-life "work hardening environment" considering the patients current functional capacity. Any psychological barriers to recovery would be better and more appropriately addressed individually by a mental health professional supervising care without the need for additional exercise/rehab etc in conjunction with such therapy.

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 may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical 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 21st day of April 2004.