

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 12, 2004

RE: MDR Tracking #: M2-04-1218-01
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

The claimant is a 30-year-old female who injured her cervical, thoracic and lumbar spine when she slipped and fell in the shower area at ___. The claimant has had extensive conservative chiropractic treatment with ___ who has referred her for an MRI of the cervical spine and lumbar spine which revealed degenerative changes with desiccation without disc space narrowing with a small right posterolateral annular tear with an associated very small disc protrusion without deformity of the thecal sac at L5/S1. There is mild facet osteopathy without neural foraminal narrowing or spinal canal stenosis. The MRI of the cervical spine revealed very mild broad-based disc bulges from C3/C4 through C5C6 without significant stenosis. The claimant also had a NCV/EMG performed on the lower extremity, which revealed a S1 radiculopathy on the left. The claimant had a designated doctor evaluation on 10/30/03 by ___ who states that the claimant is not at Maximum medical improvement and should participate in a work-conditioning program in order for her to obtain maximum medical improvement. The claimant was also examined for an insurance carrier selected Required Medical Evaluation on 12/18/03 by ___ who determined the claimant at maximum medical improvement with a 0% whole person impairment. The claimant had an FCE performed on 2/10/04, which revealed the claimant is currently performing at a Light/Medium category and her job requires her to perform at a Medium/Heavy category.

Requested Service(s)

Work Conditioning Program 30 Session

Decision

I disagree with the insurance carrier and find that a work-conditioning program is reasonable and necessary.

Rationale/Basis for Decision

The claimant is ___ post injury and it is apparent based on the FCE report of 2/10/04 that the claimant is not performing at the demand level, which is required of her job. The claimant's job requires her to perform at a medium/heavy demand level and the FCE 2/10/04 revealed that she is performing at a light/medium category. Therefore, this claimant would benefit from a work-conditioning program as recommended in the designated doctor examination on 10/30/03 by ___, which should allow the claimant to return to her pre-injury job without restrictions.

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.