IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 24, 2004

Re: IRO Case # M2-04-1224

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

<u>Medical Information Reviewed</u>

1. Table of disputed services
2. Denial letters 3/15/04, 3/24/04
3. Medical record review 3/27/04
4. TWCC 69 Designated doctor evaluation 2/24/04, 12/13/03
5. Request for reconsideration 3/18/04
6. Pain management medical records
7. Preauthorization request 3/9/04
8. FCE 3/8/04
9. Work hardening assessment 3/5/04

10. Treating clinic reports and notes
11. Electromyography report 12/18/03
12. MRI lumbar spine report 9/9/03

History

The patient is a 19-year-old male who was bending sheet metal and operating a press that required continuous standing and lifting for four hours when he experienced low back pain in ___. He was evaluated by a company doctor, x-rays were taken, medications were prescribed and the patient was started on physical therapy. He was returned to work without restrictions at the completion of the initial physical therapy. After working for approximately two hours, the patient's employment was terminated. The patient then presented for evaluation with the treating physician on 8/28/03. He was again started on physical therapy. A 9/9/03 MRI of the lumbar spine revealed a 4 mm anteriolisthesis associated with a 2-3 mm disc protrusion at L5-S1. The patient was referred for pain management. Epidural steroid injections were recommended and three were performed, concluding on 2/11/04. In a follow-up note on 3/11/04 the pain management specialist noted great improvement with the completion of the injections as well as continued progress and improvement with physical therapy. A 3/8/04 FCE demonstrated the patient's capacity to function at the medium physical demand level. The patient's previous job required a heavy physical demand level.

Requested Service(s)

Work hardening program x 20 sessions

Decision

I agree with the carrier's decision to deny the requested work hardening program.

Rationale

The patient was treated with conservative care, including physical therapy and chiropractic for approximately six months. He underwent three epidural steroid injections. After the third injection on 3/11/04, he reported that his pain had "hit an all time low", and rated his pain level as two out of 10. He denied any numbness or tingling in the lower extremities. Based on the records provided, he had remained off work throughout his treatment, apparently without any attempt to return to work. His FCE rated his physical demand level as a medium physical demand level. He also, apparently had another FCE performed on 2/25/04 (that was not provided for this review) that revealed a medium-heavy physical demand level, and the ability to carry at a very heavy physical demand level. Even at the medium physical demand level, with the reduction in pain following the injections, the patient certainly has the capacity to return to work with restrictions on his lifting, bending and stooping. Therefore, a work hardening program is not medically necessary. Furthermore, since the patient apparently does not have a job to return to because he was terminated from his employment, job retraining may be what would be beneficial to him.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 26th day of May 2004.