

June 3, 2004

MDR #: M2-04-1307-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in Chiropractic Medicine and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: letter of medical necessity, office notes, FCE and radiology report.

Information provided by Respondent: correspondence and designated doctor exam.

Clinical History:

The records indicate the claimant was originally injured on the job on ____. He states that by the time he took a shower that night he was in severe pain. He sought care the next day with complaints of primarily low back pain on a scale from 1 to 10, one being no pain and ten being severe pain, with a pain scale of eight and the left shoulder pain being a five.

An aggressive treatment program was begun. In addition, appropriate medication was prescribed as well as appropriate diagnostic testing ordered. Positive results of these tests were documented.

The patient's problems continued, which necessitated him being referred to a specialist who performed lumbar ESI's. The records indicate that he received minimal benefit from these injections.

Over the course of treatment, several functional capacity evaluations were performed. The most recent one was performed on 4/16/04 with the results of this test revealing, based upon the U.S. Department of Labor Definitions for Work and Accompanying Physical Exertional Demand Levels, that the examinee qualified for the heavy work category within the restricted work claim. When considering the competitive unrestricted vertical and horizontal work claim, the examiners conclusion was that the examinee qualified for the medium work category.

Disputed Services:

Work hardening program X 30 sessions

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a work hardening program X 30 sessions is not medically necessary in this case.

Rationale:

The records provided for review indicate that the patient had been off of work since the date of injury. The National Treatment Guidelines allow for treatment of these types of injuries. There is not sufficient evidence or documentation of this patient's injuries to clinically justify his receiving a multi-disciplinary work-hardening program. The patient had responded to treatment he had received and had progressed to the point of a work classification of heavy work.

Twenty or thirty sessions of work hardening program would not prove more effective than the patient's being returned to his own employment with limitations of the number of hours per day and lifting restrictions as outlined in the patient's most recent FCE dated 4/16/04. In conjunction with a work day of 4-6 hours, it would be reasonable, usual, customary, and medically necessary for this patient to undergo 15-20 sessions of a work conditioning program of two hours daily in order to re-condition him from the fact that he has been off of work for over six months as well as prepare him for return to full duty.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 June 3, 2004.

Sincerely,