

July 1, 2004

MDR Tracking #: M2-04-1328-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ was injured on his job when he was lifting a sofa which contained a pullout bed. The other worker helping him suddenly dropped his end and \_\_\_ tried to avoid the sofa hitting other furniture near where he was standing. He twisted his low back and had an immediate onset of pain in the lumbar region. The worker sought treatment for his injury from \_\_\_. MRI revealed a L5/S1 herniation with some encroachment. EMG was negative. Due to the fact that the patient seemed to not be responding to conservative care, the patient was referred for surgical consultation and a Tri-Phasic Bone Scan was performed, which revealed "hot spots" at L2 and L4 vertebral bodies. The patient was eventually diagnosed with Hodgkins Lymphoma and underwent therapy in the form of chemotherapy. He was found to eventually be in remission from the tumors in the spine. A designated doctor, \_\_\_, indicated on December 29, 2003 that the patient was deconditioned. He place the patient at MMI with 10% impairment. The treating doctor has attempted to pre-authorize work conditioning through the carrier's URA and initially was turned down by \_\_\_ due to the fact that the patient had good waist to overhead lifting capabilities. The second submission was reviewed by \_\_\_, but while the carrier's request form indicates that the treating doctor was requesting a review for work conditioning for 30 sessions, the reviewer believed him to be requesting MRI for a patient found to be at MMI in July of 2003. This was apparently the wrong patient file being reviewed in this case.

#### REQUESTED SERVICE

The carrier has denied the medical necessity of work conditioning, 5 times a week for 6 weeks.

## DECISION

The reviewer disagrees with the prior adverse determination.

### BASIS FOR THE DECISION

While it is agreed that not all patients who are deconditioned necessitate a work conditioning program, this is a classic case of a patient who certainly needs the program to return to a productive workplace. It is noted that the patient is unable to fulfill the requirements of his medium/heavy lifting job and that he has deficiencies in his ability to endure an extended work period. While this may very well be complicated by the onset of Hodgkins Lymphoma, it cannot be denied that the patient also has clearly weakened significantly due to the presence of a lumbar discopathy. It is the correct approach in this case to attempt a work conditioning program in an attempt to return him to his former type of employment. As a result, the reviewer finds the work conditioning program reasonable and necessary.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer \_\_\_, Inc, dba \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

### **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.

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 1st day of July, 2004.**