

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 2, 2004

**Re: IRO Case # M2-04-1395**

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 Doctor of Chiropractic, who is licensed by the State of Texas, 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:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Review 2/25/04
4. MRI report lumbar spine 2/10/04
5. Request for reconsideration 4/28/04
6. TWCC 69 5/18/04
7. DDE report 5/27/04
8. Report from D.C. to IRO 6/11/04
9. FCE report

10. Food service job description
11. Mental health interview for work hardening 4/5/04
12. Progress report 4/6/04
13. Orthopedic surgeon. report 3/16/04
14. TWCC work status reports
15. Interim exam report 3/18/04
16. Radiological report lumbar spine 3/17/04
17. Initial exam report 2/10/04
18. Radiological report right and left shoulder 2/10/04
19. Radiographic biomechanical report 2/25/04

### History

The patient injured her shoulders and lower back on \_\_\_ when she reached up and lifted a crate of milk from a shelf. She saw her treating chiropractor on that day and underwent treatment from 2/11/04 through 4/21/04. The chiropractor then requested a work-conditioning program.

### Requested Service(s)

40 sessions work conditioning program

### Decision

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

### Rationale

The patient received an adequate trial of chiropractic treatment, which failed to return her to her pre-injury work status. The patient was 60 years old and had preexisting advanced degenerative changes and herniated disks in her lumbar spine. She also had advanced degenerative changes in both shoulders. The records provided for this review do not support a diagnosis of lumbar spine HNP from the injury, but only a lumbar strain that should have resolved in four to eight weeks with appropriate treatment. The efficacy of a highly structured work conditioning program for a 60-year-old patient with an advanced degenerative condition and confirmed lumbar spine HNPs is questionable. Surely, the D.C.'s treatment helped the patient feel better, but only temporarily, and the chance of re-injury, even with completion of the work conditioning program, is highly probable. An orthopedic surgeon recommended a lumbar laminectomy and fusion. Why undergo an intensive and expensive work conditioning program when surgery is necessary? Failed conservative treatment does not establish a medical rationale for additional non-effective therapy, especially when surgery is indicated. The patient incurred a soft tissue injury which should have resolved in four to eight weeks, but conservative treatment failed. Additional conservative therapy, such as a work conditioning program, is not reasonable or necessary to improve function or relieve symptoms.

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 2<sup>nd</sup> day of July 2004.