

July 6, 2004

MDR Tracking #: M2-04-1421-01
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

___'s first evaluation is dated March 8, 2004 by ___, and states that the patient injured his neck, low back and left knee in a motor vehicle crash on ___. An MRI of the lumbar spine in February 2003 showed a 3 mm disc herniation at L5/S1. An MRI of the left knee in March 2003 showed a tear of the anterior and posterior cruciate ligaments. ___ underwent knee surgery in October 2003. He also received epidural steroid injections at various times.

In the March 8, 2004 document there is a reference to a FCE performed by ___ on February 12, 2004 showing that the patient could lift up to 40 pounds. The full report was unavailable for review.

A behavioral assessment on March 15, 2004 by ___ found "no known psychosocial barriers" to a work hardening program.

A designated doctor evaluation by ___ on March 18, 2004 determined that this patient was not at MMI.

Utilization management referenced the previous FCE and states that the maximum lift was up to 84 pounds.

REQUESTED SERVICE

Work Hardening is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient injured his neck, low back and left knee in ___. He underwent surgical repair of the knee and continued with back and neck pain despite thorough non-operative care. A review of the relevant peer-reviewed medical literature finds that a work hardening program to include a behavioral modification approach plus physical training (including aerobic capacity, muscle strength and endurance and coordination) are effective in the restoration of function in patients with chronic low back pain. It is best if

these programs are supervised by a multidisciplinary team. The patient is likely to benefit from this intervention.

___ 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 of ___, 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 6th day of July, 2004.