

July 6, 2004

MDR Tracking #: M2-04-1436-01
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

This patient was injured on the job on ___. From the notes of the utilization review doctor, ___ complained of a neck and low back injury while using a shovel. He was first seen on 03/05/04 by ___ and apparently treated conservatively. No notes from ___ are provided. The initial FCE of 05/03/04 indicated medium work category but had a heavy PDL. From the FCE ___ has asked for 30 sessions of work hardening. The utilization doctor reviewed ___'s treatment notes had noted that the patient did not improve after the date of service on 03/16/04. A lumbar MRI showed minimal disc bulges at L4/5 and L5/S1 with no compromise of canal or foramen with moderate spondylosis of the facet joints at L4/5 and L5/S1. NCV and DSEP of 03/30/04 were suggestive of mild right radiculopathy.

REQUESTED SERVICE

Thirty sessions of work hardening are requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The data provided indicates the probability of a diagnosis of sprain. Otherwise, it is impossible to ascertain the course of treatment provided. The fact that the patient got no improvement after 03/16/04 and was not referred for a second opinion is puzzling. It is questionable that due to the mechanism of injury and the diagnosis that the patient would necessitate work hardening.

Therefore, it is incumbent upon the requesting doctor to prove that all possible care was afforded short of work hardening. This does not seem to have been the case. Because it doesn't appear that there is collaborative evidence for the need of work hardening secondary to failure of all possible alternatives, the requested 30 sessions of work hardening is deemed unnecessary.

___ 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.