

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-0119.M2**

**NOTICE OF INDEPENDENT REVIEW DETERMINATION**

MDR Tracking Number: M2-04-1555-01  
IRO Certificate Number: 5259

July 28, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

Sincerely,

CLINICAL HISTORY

Records submitted for review totaled 91 pages and included correspondence from \_\_\_ and progress notes from the most recent attending physician, \_\_\_. Apparently this patient was injured on \_\_\_. He had extensive evaluations and treatments including x-rays, MRI's, discogram, myelogram, medications, physical therapy, and eventually

a lumbar fusion. None of these reports are available for review. Prior treating physicians include \_\_\_ and \_\_\_ whose records were not submitted.

REQUESTED SERVICE(S)

Non-portable whirlpool/hydrotherapy spa.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This patient had an unfortunate course after a work related injury sustained on \_\_\_\_. He has a post lumbar fusion pain syndrome with chronic radiolopathy. He is currently disabled from his medical conditions and side effects of medications. \_\_\_ prescribed daily hydrotherapy for this patient. However, no objective evidence is submitted to support the use of this modality. The medications were not reduced, his symptoms did not show sustained improvement, and his work function did not change from being disabled. Furthermore, there is no accepted guidelines or peer review literature to support daily hydrotherapy for these medical conditions. Therefore, the requested service is denied.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)).

A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 29th day of July, 2004.