

August 23, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-04-1608-01
IRO Certificate #: 5348**

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 34 year-old male who sustained a work related injury on ___. The patient reported that while at work he injured his back when he attempted to lift some heavy tools. In 7/02 the patient underwent a redo decompression at L4-5 and L5-S1. Postoperatively the patient had been treated with physical therapy, medications, and injections. A MRI performed on 7/13/03 was reported to have shown degenerative changes at the L4-5 and L5-S1 levels and disc herniation at L5-S1. The current diagnoses for this patient include lumbar intervertebral disc syndrome, lumbar radiculitis, and post surgical lumbar syndrome. The patient had been reported to have underwent an FCE that indicated the patient to be at the light safe physical demand level. The patient has been referred to a work hardening program for further treatment.

Requested Services

Work Hardening Program.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Pre-Authorization Request 5/18/04
2. Chart Notes 7/30/03, 9/16/03, 9/25/03, 5/6/04
3. Work Hardening Evaluation 5/24/04

Documents Submitted by Respondent:

1. No documents submitted

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 34 year-old male who sustained a work related injury to his back on ____. The ___ chiropractor reviewer indicated that this patient's treatment history is significant for 3 surgeries. The ___ chiropractor reviewer noted that this patient is being recommended for a work hardening program to better condition himself for a return to work due to his deconditioned state after the previous surgeries. The ___ chiropractor reviewer explained that this patient would not be able to return to his previous position that was categorized as a heavy duty job. The ___ chiropractor reviewer indicated that a work hardening program would condition the patient for a more challenging position other than a sedentary position. The ___ chiropractor reviewer explained that a 4 week work hardening program would be sufficient treatment for this patient because he had already been trained in rehabilitative therapy before his third surgery. The ___ chiropractor reviewer also explained that having a better mental outlook and physical conditioning would better prepare this patient for a transition back into the work force with less chances of the patient becoming reinjured. The ___ chiropractor reviewer further explained that this patient meets the requirements for a work hardening program according to the TWCC guidelines. Therefore, the ___ chiropractor consultant concluded that the requested work hardening program is medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

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)** days of your receipt of this decision. (20 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)** 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. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

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 23rd day of August 2004.