



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

January 21, 2005

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M2-05-0390-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in Family Practice which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1978. The TMF physician reviewer has signed a certification statement stating 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 the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 46 year-old female injured her back on ___ while lifting a patient from the bed to a stretcher. She has been treated with medication, therapy and surgery.

Requested Service(s)

Work conditioning program

Decision

It is determined that there is medical necessity for the work conditioning program to treat this patient's medical condition.

Rationale/Basis for Decision

This patient has been treated with therapy and surgery. She is taking muscle relaxants and Vicodin for pain control. Nothing so far has worked to help her address the pain and this needs to be addressed. A work conditioning program is medically indicated and therefore, the work conditioning program is medically necessary to treat this patient's medical condition.

Sincerely,

Director of Medical Assessment

GBS:dm

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M2-05-0390-01

Information Submitted by Requestor:

- Progress Notes
- Procedure Notes
- Psychological Evaluation
- Pain Management
- Claims and Miscellaneous

Information Submitted by Respondent:

- Progress Notes – Dr. R
- Procedure Notes
- Peer Review
- Progress Notes – Dr.V
- Psychological Evaluation
- Pain Management
- Designated Doctor Evaluation
- Independent Medical Examination
- Emergency Records
- Functional capacity evaluation
- Diagnostic Tests
- Physical Performance Tests
- Consults
- Durable Medical Equipment
- Claims and Miscellaneous