

provider. Your case was reviewed by a physician who is licensed in chiropractic and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT
M2-05-1299-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

Correspondence

Office notes 11/15/04 – 01/31/05

Physical therapy notes 11/15/04 – 02/07/05

PPE 11/30/04 – 12/30/04

Nerve conduction study 12/14/04 – 12/22/04

Information provided by Respondent:

Correspondence

Designated doctor reviews

Clinical History:

This female patient underwent diagnostic imaging, physical medicine treatments, chiropractic manipulation and FCEs after falling at work on ____.

Disputed Services:

Work hardening program X 10 sessions.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a work hardening program is not medically necessary in this case.

Rationale:

In order for a multi-disciplinary work hardening program to be medically necessary, the need for individual or group psychological services must be documented. After evaluation on 01/14/05, the licensed professional counselor -- in a confidential, undated report -- opined, "She does not appear to demonstrate a compelling need for psychological services in the form of individual psychotherapy sessions or the group therapy component of a work hardening program." Therefore, the medical necessity of the proposed multi-disciplinary work hardening program is not supported.