



Specialty Independent Review Organization, Inc.

May 10, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1346-01
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Pain Management and Anesthesia. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO 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 34-year-old male sustained a back injury while driving a front loader. The pain was described as being in his lower back with radicular components. He had L5-S1 hemilaminotomy, foraminotomy, and microdiscectomy. He has had 133 documented therapy sessions.

Records Reviewed:

Records from Facility: Advantage Healthcare Systems daily progress and therapy notes (133 pages)

Records from Carrier: Letters from Flahive, Ogden, & Latson; Zurich services Corp managed care notices; Employee's request to change treating doctors; TWCC-69s;

Functional Abilities Evaluation (in detail)-3/4/03, 7/2/02, 8/8/02, 10/12/02, 9/24/02;
Copies of prescriptions; notes/treatment plans from Advantage Healthcare systems;
Interdisciplinary Pain Rehabilitation-case conference; Physical Performance Exam-
12/1/04.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a work hardening program for 20 sessions.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

Schonstein et al (Schonstein E, Kenny DT, Keating J, Koes BW. Work conditioning, work hardening and functional restoration for workers with back and neck pain (Cochrane Review) *The Cochrane Library, Issue 2, 2005. Chichester, UK: John Wiley & Sons, Ltd.* states: "Insufficient evidence to support or refute use of PCP to reduce number of participants off work at 12 months with chronic back pain (3 studies, p=883)." Similarly, Weir and Nielson found a lack of evidence of efficiency for work hardening in patients with prolonged disability. (Weir, Robin R.N., Ph.D. *; Nielson, Warren R. Ph.D., C.Psych.Etiology, Prevention, Treatment, and Disability Management of Chronic Pain *Clinical Journal of Pain.* 17(4) Supplement: S128-S132, December 2001.)

Given the large number and varied nature of therapy sessions that this patient has received, it is unclear what new physical therapies for work hardening would be applied.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

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 11th day of May 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli