

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1366-01
Name of Patient:	
Name of URA/Payer:	Texas Water Conservation Assoc.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Trenton Weeks, DC

May 17, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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

Medical Review of Texas (MRT) 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 MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Trenton Weeks, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

Documents Reviewed Included the Following:

1. Notification of IRO Assignment, Table of Disputed Services and Carrier EOBs
2. Hospital x-ray reports, dated 11/13/02
3. Initial history and physical examination, dated 11/15/02
4. Follow-up office notes, dated 12/5/02, 12/17/02, 1/9/03, 1/14/03, 2/11/03, 2/18/03, 3/11/03
5. Lumbar MRI report, dated 1/29/03
6. Thoracic and lumbar MRI reports, dated 4/14/03
7. Cervical MRI report, dated 12/1/03
8. Osteopathic orthopedic consultation, dated 4/3/03, 4/24/03
9. Neurologic consultation, dated 5/6/03, 10/20/03
10. Another doctor of chiropractic initial examination and notes, dated 7/2/03
11. Peer review report, dated 8/7/03
12. Medical record review, dated 9/6/03
13. Physical therapy notes
14. Initial current doctor of chiropractic examination, dated 9/29/03
15. EMG/NCV report upper and lower extremities, dated 10/20/03
16. Operative reports, dated 12/4/03, 12/18/03 (ESI)
17. Designated doctor report (not at MMI), dated 1/14/04
18. Physical performance evaluation, dated 1/27/04
19. Pain management program notes
20. Physical therapy treatment notes
21. Group therapy progress notes
22. Psychotherapy progress notes
23. Biofeedback treatment notes
24. Case conference notes

25. Functional capacity evaluation, dated 4/5/04
26. Designated doctor report (not at MMI), dated 5/28/04
27. Reconsideration letter from treating doctor, dated 2/2/05
28. Letter of appeal from injured worker, dated 3/16/05
29. Physical performance evaluations, dated 1/4/05, 3/1/05
30. Operative report, dated 6/28/04 (cervical fusion)
31. Home health services report/assessment, multiple dates
32. Orthopedic surgeon's SOAP notes, dated 11/4/03, 5/18/04, 6/22/04, 7/6/04, 9/28/04, 11/9/04, 12/29/04
33. Mental health evaluation summary report, dated 11/29/04
34. Psychological evaluation report, dated 12/19/04
35. Daily notes and daily sign in sheets from treating doctor (multiple dates)
36. Pre-authorization request and approval for work conditioning, 5x4wks, dated 1/21/05
37. Pre-authorization requests, denials and reconsideration requests for work hardening, and pre-authorization logs
38. Psychophysiological assessment summary report, dated 12/2/04
39. Work conditioning notes from 1/28/05 through 2/25/05
40. Letter of appeal against previous designated doctor examination and report, dated 3/10/05
41. Designated doctor examination, narrative and TWCC-69, dated 2/17/05
42. Functional abilities Evaluation, dated 2/17/05
43. TWCC-73, dated 3/8/05

Patient is a 43-year-old male heavy equipment operator who, on ____, was servicing his truck with hydraulic fluid 8' above the ground when a hose from a work truck pulled him off his vehicle. He was yanked in the air 30 feet, striking his left wrist on a handle, and landed onto his left side. He was treated at the emergency room for a fractured left wrist, splinted, and released back to work. Later, he developed cervical and lumbar pain, had multiple MRI scans of the lumbar spine,

revealing a disc bulge at L5-S1. He underwent three epidural steroid injections, three facet blocks in his lower back, comprehensive outpatient physical therapy from multiple health care facilities, and then on 6/28/04, had "extensive cervical decompression and instrumented fusion" performed, followed by post-operative physical therapy and rehabilitation. He has previously participated in a chronic pain management program, biofeedback, group counseling, and a work conditioning program. One reference indicated that he changed treating doctors 4 times. He is currently working with restrictions.

REQUESTED SERVICE(S)

Prospective medical necessity for a work hardening program 5 times per week for 4 weeks.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Current medical literature states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care."¹ The literature further states "...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..."² In addition, a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.³ Based on these studies, a proposed work hardening program would not be medically necessary.

¹ Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.

² Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.

³ Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.

More importantly, the previously attempted chronic pain management and work conditioning programs had within them the self-help strategies, coping mechanisms, exercises and modalities that are inherent in – and central to – the proposed work hardening program. In other words, and for all practical purposes, much of the proposed program has already been attempted and failed, as evidenced by the fact that this work hardening program is even being requested. Therefore, since the patient is not likely to benefit in any meaningful way from repeating unsuccessful treatments, the work hardening program is deemed medically unnecessary.

And finally, a TWCC designated doctor examined this patient on 2/17/05 and found that the injured worker was *clinically* MMI. Since the opinion of the designated doctor carries presumptive weight in the workers' compensation system, and since it was his opinion that no additional treatment interventions would have a substantive effect on the patient (definition of MMI), a work hardening program is not supported as necessary.

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 _18th day of May, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell