

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	06/16/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1599-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Proposed 40 sessions of work hardening.

DECISION: Upheld

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 06/16/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the proposed 40 sessions of work hardening is upheld.

CLINICAL HISTORY:

Records indicate that the above captioned individual, a 34-year old male, was allegedly involved in an occupational incident on _____. The history reveals that the injured individual was lifting and carrying a person as part of his job as a fireman and developed severe and immediate low back pain. Advanced testing to include MRI and CT scans revealed no frank herniations, however some protrusions and degenerative changes resulting in foraminal stenosis and an L5/S1 spondylolysis. To date, the injured individual had received chiropractic care to include passive and active modalities, medication management and consultative referrals to include an orthopedic and a neurosurgeon. An FCE dated 03/08/2005 revealed lingering functional deficits and that the injured individual was not functioning at a level necessary for resuming employment. A psychological interview revealed moderate psychosocial issues.

RATIONALE:

A previous review had opined that there were no psychosocial issues that would warrant a work hardening program, however, it is obvious from a review of the documentation that significant psychosocial issues are present. However, a review of the documentation reveals that a spondylosis is present at L5/S1. A surgical opinion was obtained to assess possible surgical need for this condition. Although it was opined that surgery was not needed at this time, the consultative referral opined that it may become necessary if the injured individual does not progress as expected. The consultative referral also did not overtly recommend work hardening, but rather recommended physical therapy and walking. Also, a recent MRI dated 05/18/2005 reveals multilevel disc lesions which need to be followed with a consultative referral to

determine if these factors necessitate surgery or threaten the success of the work hardening program. Furthermore, and perhaps most troubling, is the fact that outcome assessment scores, specifically Oswestry low back pain scores, regressed from 01/05/2005 through 03/18/2005 while under the care of the AP. Scores worsened from 66% to 74%. Although pain levels slightly decreased and ranges of motion slightly increased it is believed that the success of a work hardening program could be seriously threatened by the factors leading to degradation of Oswestry low back pain scores. Lastly, it is not established that as many as 40 visits of work hardening would be needed to progress this injured individual to a pre-injury status to where that employment could be resumed, therefore, the medical necessity of a 40 session course of work hardening is not established.

REFERENCE:

References utilized in this review include but are not limited to the ACEOM Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Guidelines for Chiropractic Quality Assurance and Practice Parameters: Practice Parameters from the proceedings of the Mercy Center Consensus Conference, Agency for Health Care Policy and Research (AHCPR), and Procedural Utilization Guidelines.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 05/10/05
- TWCC MR-117 dated 05/10/05
- TWCC-60
- South Coast Spine & Rehab Center: Report from Robert Howell, D.C. dated 05/19/05
- Flahive, Ogden & Latson: Letter from Scott Bouton dated 05/18/05
- MCMC IRO Medical Dispute Resolution (M2) Prospective (Pre-Authorization or Concurrent Rev.) dated 05/17/05
- Valley Comprehensive P.A.: Follow-up Notes from Dr. Donald Kramer dated 05/17/05 and 02/08/05
- South Coast Spine & Rehab Center: Consultations from Dr. Howell dated 05/10/05 and 04/19/05
- Flahive, Ogden & Latson: Letter from Ronald Johnson dated 05/06/05
- McAllen Neurosurgical Center: Report from Dr. Humberto Tijerina dated 05/03/05
- CorVel Corporation: Letters dated 04/21/05, 04/20/05, 04/05/05 and 04/04/05
- South Coast Spine & Rehab Center: Request for Reconsideration from Dr. Howell dated 04/14/05
- VBMC: CT of the lumbar spine revised 04/01/05
- South Coast Spine & Rehab Center: Report from Dr. Howell dated 03/30/05
- Rick Moses, Ph.D.: Diagnostic Interview dated 03/22/05
- South Coast Spine & Rehab Center: Re-Evaluation Narrative from Dr. Howell dated 03/18/05
- South Coast Spine & Rehab Center: 2nd Functional Capacity Evaluation dated 03/08/05
- Progressive Diagnostic Imaging: Radiographic Biomechanical Report dated 02/03/05
- South Coast Spine & Rehab Center: Initial Functional Capacity Evaluation dated 01/31/05
- Valley Comprehensive P.A.: Initial Examination from Dr. Kramer dated 01/11/05
- Brownsville Open MRI: Preliminary Radiology Report dated 01/06/05, CT of the lumbar spine dated 01/06/05 and addendum to CT of the lumbar spine dated 01/06/05
- South Coast Spine & Rehab Center: Initial Evaluation Narrative dated 01/05/05
- Progressive Diagnostic Imaging: L-spine radiograph dated 01/05/05

- TWCC 73: Work Status Reports dated 01/05/05 through 05/10/05
- City of Brownsville, Texas Job Description: Firefighter/Paramedic & Officers

The reviewing provider is a Licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing Chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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 or your receipt of this decision (28Tex.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) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties 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

16th day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____