MCMC

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

Date:	**09/15/2005**
Injured Employee:	
Address:	
MDR #:	**M2-05-1835-01**
TWCC #:	
MCMC Certification #:	**IRO 5294**

REQUESTED SERVICES:
Please review the item(s) in dispute: Pre-authorization denied for work conditioning 5x/week for 8 weeks.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 09/15/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the application of work conditioning as requested is not established.

CLINICAL HISTORY:
Records indicate that the above captioned individual, a 36 year old female, was injured during the course of her normal employment. The history reveals that on ___, she was transferring a patient from a bed to a stretcher and began having low back pain. Chiropractic care ensued on or about 02/08/2005. An MRI dated 02/24/2005 revealed a 2-3 mm disc protrusion at L4/5 and a 3-mm disc protrusion with annular tearing at L5/S1. She was taken off work for two weeks and has, since that time, worked full time under modified duties. Electrodiagnostic testing revealed mild, bilateral radiculopathies of the L5/S1 nerve root areas. To date, the injured individual has participated in a litany of treatment to include, chiropractic care, medication management, passive and active modalities, and consultative referrals. A recent functional capacity exam (FCE) revealed some lifting deficits versus job requirements, with minimal endurance issues. A return to work program has been requested.

RATIONALE:
The documentation fails to establish the medical necessity for the eight week course of work hardening. The documentation indicates that the injured individual has been performing

modified duty for as many as 5 months while receiving passive and active care. Given the injured individual's demonstrated functional capacity versus the current job requirements as well as the amount of therapy already performed to date, it is unclear that an additional course of therapy would yield additional therapeutic gain beyond what has already been realized. Often, an actual return to work is preferred over an upper level return to work program, as work would substitute as an effective work readiness program. This is consistent with standards of care such as the ACOEM Guidelines. Additionally, the documentation indicates that the injured individual has been performing at the same functional level for as many as two months while participating in continued active and passive therapy. Therefore it is unclear that an additional course of similar care would result in additional therapeutic gain.

Given the injured individual's work status throughout the past 5 months, the amount of therapy performed to date, current functional levels, and lack of therapeutic gain over the past several weeks to months, the medical necessity for the requested course of treatment is not established.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 07/07/05
- TWCC Order for Payment of Independent Review Organization Fee dated 08/03/05
- MR-117 dated 05/02/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 08/26/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 07/08/05
- TWCC-60
- TWCC-73 Work Status Reports dated 02/08/05 through 07/01/05
- Attenta: Letter from Caroline Stiles dated 08/09/05
- Metrocrest Orthopaedics and Sports Medicine: Note dated 07/22/05 from James Click, PA-C
- BTE Technologies: Functional Capacity Evaluation dated 06/16/05
- Philip Osborne, MD: History and Physical Exam dated 06/16/05
- Healthsouth Evaluation Center: Letter dated 06/16/05 from Robert Holladay, MD
- Stephen J. Becker, MD: Consultation dated 06/07/05 with attached EMG/NCV studies
- UniMed Direct LLC: Review Determinations dated 06/02/05, 05/11/05, 04/22/05
- Updated Chiropractic Peer Review dated 05/19/05 from Mike O'Kelley, DC
- Anil T. Bangale, MD: Peer Review dated 05/16/05
- Chiropractic Peer Review dated 05/03/05 from Dr. O'Kelley
- Orthopedic Clinic of Richardson: Office note from Abbass Sekhavat, MD, dated 04/13/05
- Abate Injury Rehab Centers: Initial Functional Capacity Evaluation from Stuart Meyers, DC, dated 04/11/05
- Ross Avenue Rehabilitation, Inc: Incoming/Outgoing Symptoms Scale dated 04/08/05, 04/06/05, 04/04/05, 04/01/05, 03/30/05, 03/28/05, 03/25/05, 03/23/05,03/21/05
- At Clinic notes dated 04/04/05-04/06/05-04/08/05, 03/28/05-03/30/05-04/01/05, 03/21/05-03/23/05-03/25/05
- Ross Avenue Rehabilitation, Inc: Rehab Daily Soap Notes dated 04/01/05-04/06/05-04/08/05, 03/28/05-03/30/05-04/01/05, 03/21/05-03/23/05-03/25/05
- Abate Injury Rehab Centers: Brief Report-TWCC 73 Form from Dr. Meyers dated 03/25/05 and 03/07/05

- Orthopedic Clinic of Richardson: Report from Abbass Sekhavat, MD, dated 03/14/05
- Abate Injury Rehab Centers: Report Review from Dr. Meyers dated 03/01/05
- Better Image MRI: MRI of the lumbar spine dated 02/24/05
- Abate Injury Rehab Centers: Daily Notes from Dr. Meyers dated 02/10/05 through 04/13/05 and one dated 00/00/05
- Abate Injury Rehab Centers: Evaluation and Management Services and Office Visits from Dr. Meyers dated 02/08/05 through 06/30/05
- Anil T. Bangale, MD: Consultation dated 02/08/05

The reviewing provider is a Licensed/Boarded 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. The reviewing physician is on TWCC's Approved Doctor List.

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

15th day of September 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____