

July 19, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-1980-01
CLIENT TRACKING NUMBER: M2-05-1980-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

RECORDS RECEIVED FROM THE STATE:

Notification of IRO Assignment dated 6/29/05, 9 pages

RECORDS RECEIVED FROM DOWNS & STANFORD PC:

Letter from Jon Grove addressed to Medical Review Institute dated 7/8/05, 6 pages

Radiographic Biomechanical Report dated 2/28/05, 5 pages

Exam L Spine dated 2/17/05, 1 page

MRI of Lumbar Spine dated 2/18/05, 1 page

Initial Examination dated 2/22/05, 4 pages

Follow up note dated 3/22/05, 5/17/05, 8 pages

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Orthopedic visit dated 3/31/05, 2 pages

Letter from Humberto Tijerina MD dated 3/8/05, 2 pages

Job Description of Circuit City Warehouse Employee, 2 pages

Treatment/Evaluation Record, Jorge Tijmes MD; DOS: 03/31/05 3 pgs.

Diagnostic Interview for Work Hardening dated 4/24/05, 6 pages

Predetermination determination for work hardening dated 5/5/05, 1 page

TWCC IRO assignment, DOS: 06/20/05-06/29/05 2 pgs

Letter from Downs & Stafford dated 6/27/05, 1 page

Medical dispute resolution request/response dated 6/29/05, 7 pages

Evaluation/Treatment Record, South Coast Spine and Rehab Center/E. Ray Strong DC; DOS: Not Provided 11 pgs.

TWCC work status report 6/6/05, 2 page

Consultation 6/6/05, 1 page

Authorization/Reconsideration Request, Robert S. Howell DC; DOS: 05/02/05-05/16/05 22 pgs.

TWCC work status report 4/22/05, 2/17/05, 2 pages

Re-evaluation 4/22/04, 5 pages

Duplicate records received 7/11/05, 40 pages

RECORDS RECEIVED FROM DR. STRONG:

Letter dated 7/6/05 to MRloA, 11 pages

Radiographic Report/Biomechanical Analysis, DOS: 02/17/05 6 pgs.

MRI Lumbar report, DOS: 02/18/05 1 pg.

Evaluation Record, Donald Kramer MD/Karen Dickerson MD; DOS: 02/22/05 8 pgs.

Evaluation Record, Humberto Thernia MD; DOS: 03/08/05 2 pgs.

Orthopedic visit 3/31/05 2 pages

RECORDS RECEIVED FROM SPINE COAST REHAB:

Office notes including initial evaluation, FCE, Re-evaluations 2/17/05- 6/6/05, 212 pages

Summary of Treatment/Case History:

Claimant was working for Circuit City when he was involved in a work related injury that occurred on _____. The worker was lifting boxes that contained 27 inch plasma screen TV from right to left when he noted lumbar pain. The claimant had a radiographic series/biomechanical analysis performed on 02/17/05 that revealed a clinically unremarkable study for osseous pathology. Conservative management was initiated with South Coast Spine and Rehab Center from 02/17/05 through 04/21/05 that included aquatic therapy, massage therapy, therapeutic exercise, and passive physiotherapeutics. MR imaging of the lumbar spine performed on 02/18/05 revealed a large posterior disc herniation effacing the thecal sac associated with central spinal stenosis and L5/S1 minor disc bulge. Claimant presented for an initial evaluation with Valley Comprehensive PA/Donald Kramer MD on 02/22/05 that revealed mechanism of injury, candidate for conservative management, and necessity of a trial of physical medicine. Worker consulted with the offices of Humberto Therina MD on 03/08/05, claimant was advised to pursue conservative application versus surgical correction. Claimant consulted with the offices of Jorge Tijames MD on 03/31/05 who advised that the claimant was a candidate for a lumbar laminectomy and fusion at L4/5 level; continuation of physical therapy applications were advised.

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Worker consulted with Karen Dickerson MD on 05/17/05, claimant was advised to continue conservative physical medicine management. Diagnostic Interview was performed on 04/24/05 with Rick Moses Ph. D that revealed that the claimant was a good candidate for a work hardening program. Provider authorized for a work hardening program on 05/05/05 and was denied by carrier. Evaluation was performed by E. Ray Strong DC on 06/06/05 that revealed continued necessity for complete removal from work duties and necessity for transition to a work hardening program.

Questions for Review:

1. Pre authorization denied for 30 sessions of work hardening program. Advise medical necessity.

Explanation of Findings:

It is noted that the claimant does have deficits of function that would likely lead to a greater predisposition toward re-injury if mechanical activity was not modified and trained in a multidisciplinary environment. The claimant shows psychosocial deficits that warrant a transition to a biopsychosocial therapeutic algorithm that is goal oriented.

1. Pre authorization denied for 30 sessions of work hardening program. Advise medical necessity.

Medical data reviewed in the management of this claimant's work related injury that occurred on ___ reveals the necessity for a 15 session controlled trial of multidisciplinary work hardening applications. A trial of work hardening applications will be essential for the transition of this claimant to general industry. Work hardening applications will allow the claimant and provider to address biomechanical deficits in manual material handling that may perpetuate current low back condition if not dealt with in a constructive goal oriented setting. There is no data that supports in any capacity management of this claimant's condition beyond a 15 sessions trial of work hardening.

Conclusion/Decision to Certify:

A 15 session trial of work hardening will allow this claimant the ability to be expeditiously transitioned to general industry. There is no doubt that significant deconditioning of this claimant's musculoskeletal system has occurred due to his complete removal from general industry since the date of the injury. Claimant is a qualified candidate and will likely benefit from a 15 session controlled trial of work hardening applications.

References Used in Support of Decision:

Johnson LS, et al. Work hardening: Outdated fad or effective intervention? *Work*. 2001;16(3):235-243.

Lechner DE. Work hardening and work conditioning interventions: do they affect disability? *Phys Ther*. 1994 May;74(5):471-93.

Overview of implementation of outcome assessment case management in the clinical practice. Washington State Chiropractic Association; 2001. 54p.

Schonstein E, et al. Work conditioning, work hardening and functional restoration for workers with back and neck pain. *Cochrane Database Syst Rev*. 2003;(1):CD001822.

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The chiropractor providing this review received his degree in chiropractic in 2000. The reviewer is a member of the American College of Sports Medicine, the Meckenzie Institute, the Occupational Injury Prevention and Rehabilitation Society, the International Association of Rehabilitation Professionals and the National Safety Council. The reviewer is pursuing additional qualifications as a diplomate in rehabilitation. They are also pursuing Occupational Health and Safety Technologist certification in preparation for their Certified Safety Boards. The reviewer also works as a review doctor for their state workers compensation commission in the medical dispute resolution process.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

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The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Requestor
Respondent