

July 20, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-2021-01
CLIENT TRACKING NUMBER: M2-05-2021-01

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:

FROM THE STATE:

Notification of IRO assignment dated 7/6/05 1 page
Texas Workers Compensation Commission form dated 7/6/05 1 page
Medical Dispute Resolution Request/Response form 1 page
Provider form 1 page
Table of disputed services 1 page
Letter from Concentra dated 5/4/05 1 page
Letter from Concentra dated 5/17/05 3 pages

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FROM THE REQUESTOR:

Chart notes dated 8/3/04 2 pages

Chart notes dated 9/3/04, 10/1/04, 10/19/04, 11/8/04, and 1/4/05 1 page

Chart notes dated 1/25/05, 2/15/05, 3/1/05, 3/22/05, and 4/12/05 1 page

Chart notes dated 5/6/05, 5/31/05, and 6/3/05 1 page

Operative report dated 9/16/04 2 pages

History and physical dated 9/2/04 2 pages

Operative report dated 9/2/04 2 pages

Operative report dated 12/2/04 1 page

MRI report dated 7/26/04 1 page

Operative report dated 12/2/04 1 page

Physical therapy evaluation dated 5/10/05 1 page

Letter from Joseph Jose, PT dated 6/13/05 1 page

Professional PT statement dated 4/12/05 1 page

Health and behavioral assessment dated 4/21/05 2 pages

Functional Capacity Evaluation 15 pages

Oswestry disability questionnaire dated 4/25/05 1 page

The Waddell tests dated 4/25/05 4 pages

FROM THE RESPONDENT:

Medical dispute resolution request/response form 1 page

Provider form 1 page

Table of disputed services 1 page

Letter from Concentra dated 5/4/05 1 page

Letter from Concentra dated 5/17/05 3 pages

Functional capacity evaluation dated 4/28/05 14 pages

Report of medical evaluation dated 5/3/05 1 page

Medical evaluation notes dated 5/31/05 3 pages

Letter from Joseph Jose, PT dated 6/13/05 1 page

File note report dated 5/31/05 1 page

Job demands and outcomes report 5 pages

Guide to the evaluation of functional impairment dated 5/31/05 1 page

Copy of check from St Paul Travelers dated 7/8/05 1 page

Summary of Treatment/Case History:

The claimant underwent physical therapy, diagnostic imaging, lumbar injections and lumbar surgery after injuring his lumbar spine at work on ___ when he moved a bed.

Questions for Review:

1. ITEMS IN DISPUTE: Pre-authorization denied for work hardening 5 X week for 6 weeks.

Explanation of Findings:

While home exercises, therapeutic exercises, or even work conditioning may indeed be indicated for this claimant, there was less than sufficient documentation to support the medical necessity of a multidisciplinary work hardening program.

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In fact, the 04/21/05 "Health and Behavioral Assessment" stated that the claimant "denied experiencing significant psychological distress" and "acknowledged that he is in need of physical reconditioning to be able to return to work..."Based on those statements, the medical necessity of the proposed work hardening program is without support.

Moreover, 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." The literature further states "...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..."And 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.

Conclusion/Decision to Not Certify:

1. ITEMS IN DISPUTE: Pre-authorization denied for work hardening 5 X week for 6 weeks.

Based on the above studies, there is no support for the medical necessity of proposed work hardening program in this case.

References Used in Support of Decision:

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.

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.

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

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has written numerous publications and given several presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty-five years.

MRIOA 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.

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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 MRIOA 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.

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: Long Point Medical Clinic
Respondent: St. Paul Fire and Marine Ins