

October 10, 2005

TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-05-2301-01

CLIENT TRACKING NUMBER: M2-05-2301-01/5278

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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 9/8/05 1 page  
Texas workers compensation commission form dated 9/8/05 1 page  
Medical dispute resolution request/response 1 page  
Provider form 2 pages  
Table of disputed services 1 page  
Letter from Dr. Weeks, DC dated 5/27/05 1 page  
Office notes from Dr. Weeks, DC dated 7/19/05 1 page  
Functional Capacity Evaluation dated 7/20/05 4 pages  
Office notes dated 7/22/05 2 pages  
(continued)

Letter from Dr, Doone, DC dated 7/27/05 2 pages  
Letter from Intracorp dated 7/28/05 2 pages  
Letter from Dr. Weeks, DC dated 8/2/05 1 page  
Letter from Dr. Guzick, DC dated 8/5/05 2 pages  
Letter from Dr. Weeks, DC dated 8/9/05 2 pages  
Provider contact information sheet dated 8/22/05 2 pages

FROM THE TREATING PROVIDER, DR. WEEKS, DC:

Letter from Dr. Weeks, DC dated 5/27/05 1 page  
Chart notes dated 7/19/05 1 page

FROM THE RESPONDENT, LIBERTY INSURANCE CORP:

Chart notes addendum dated 6/15/05 1 page  
SOAP notes dated 7/19/05 1 page  
X-ray report lumbar spine dated 4/12/05 2 pages  
CT lumbar spine dated 4/12/05 2 pages  
Labcorp lab work 2 pages  
X-ray chest dated 5/4/05 1 page  
X-ray dated 5/4/05 1 page  
Operative report dated 5/9/05 2 pages  
Work hardening/Work conditioning information 3 pages  
Approval criteria: work hardening/work conditioning 2 pages  
Controversial indications: work hardening 1 page  
Contraindications: work hardening 1 page  
Complications: work hardening 1 page  
Disability: work hardening 2 pages  
References: work hardening 2 pages  
Reviewer curriculum vitae for Dr. Doone, DC 1 page  
Reviewer curriculum vitae fro Dr. Guzick, BA., DC 1 page  
Letter from Liberty Mutual Group dated 8/22/05 1 page  
Request for work conditioning dated 7/26/05 1 page  
Letter from Liberty Mutual dated 8/3/05 3 pages  
MRI report dated 11/17/04 2 pages  
Office visit notes dated 2/21/05 2 pages  
EMG/NCV report dated 2/21/05 2 pages  
EMG/NCV report dated 2/21/05 2 pages  
Page 2 of office notes dated 2/21/05 1 page  
Strength test (partial results) dated 7/20/05 1 page  
Case information screen print dated 7/25/05 2 pages  
Report status dated 5/9/05 2 pages  
SOAP notes dated 5/24/05 1 page  
SOAP notes dated 7/19/05 1 page  
Patient subjective notes dated 4/21/04 2 pages  
Work conditioning receipt dated 5/9/05 1 page  
Preauthorization request dated 7/24/05 1 page  
Preauthorization request dated 8/2/05 1 page  
(continued)

Letter from Dr. Trenton, dated 8/2/05 1 page

FROM DR. TONN, MD:

TWCC report of medical evaluation 1 page

Chart notes dated 12/14/04 5 pages

FROM DR. MILANI, MD:

Page two of patient assessment dated 9/22/05 1 page

Physical exam notes dated 9/22/04 3 pages

Initial narrative report dated 9/22/04 1 page

SOAP notes dated 11/2/04 1 page

SOAP notes dated 3/11/05 1 page

SOAP notes dated 4/19/05 1 page

Chart notes dated 5/4/05 1 page

SOAP notes dated 5/24/05 1 page

**Summary of Treatment/Case History:**

The patient is a 41 year old male reportedly injured while moving a 3000 lb Tier on \_\_\_\_\_. He was treated conservatively initially with medications, therapy and work restrictions. His complaints continued; an MRI of the lumbar spine was consistent with a central fissure with dessication and a small protrusion at L4-5 level, MRI of thoracic spine showed disc protrusion at T8-9 level. Additional diagnostics confirmed disc herniation and nerve compression in the lumbar spine. He underwent left L4-5 discectomy and laminectomy. He had 6 weeks of post op rehab. An FCE was done on 7/20/05 and he was able to meet requirements for medium work category. Work conditioning is recommended.

**Questions for Review:**

1. Please review for medical necessity of Pre-Authorization request: 20 sessions work conditions (5 x week x 4 weeks).

**Explanation of Findings:**

Work conditioning is considered medically necessary for this patient. The request was initially denied because it seemed unlikely that he would return to heavy PDL status given his injury and subsequent surgery. In the appeal/reconsideration request on 8/5/05, work conditioning was denied because there was no specific goal or job to return to. The provider clearly stated in his request for reconsideration that the goal was for medium heavy PDL in 4 weeks. Work conditioning does not require a specific return to work goal. The purpose of work conditioning is to address physical and functional needs of the injured worker. Intracorp's Optimal Treatment Guidelines indicate this patient would be an appropriate candidate for a work conditioning program.

**Conclusion/Decision to Certify:**

1. Please review for medical necessity of Pre-Authorization request: 20 sessions work conditions (5 x week x 4 weeks).

The decision is to certify the proposed treatment plan as medically necessary for this patient at this time. See above for rationale.

(continued)

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

- \* The Evidence-Based literature
- \* The medical records

**References Used in Support of Decision:**

\*Work Loss Data Institute. Lower back (lumbar and thoracic). Corpus Christi (TX): Work Loss Data Institute; 2004. 335 p.

\*North American Spine Society. Herniated disc. LaGrange (IL): North American Spine Society (NASS); 2000. 104 p. [205 references]

\*Official Disability Guidelines, 10th Edition, Treatment Protocols, Lower Back Pain

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The physician providing this review is board certified in Physical Medicine & Rehabilitation. The reviewer holds additional certification in Pain Management. The reviewer is also a member of the Physiatric Association of Spine, Sports and Occupational Rehabilitation. The reviewer is active in research and publishing within their field of specialty. The reviewer currently directs a Rehabilitation clinic.

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 Appeal**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings / Appeals Clerk

P. O. Box 17787  
Austin, TX 78744

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

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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: \_\_\_\_/Trenton D. Weeks, DC  
Respondent: Liberty Ins Corp