

February 8, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0650-01

CLIENT TRACKING NUMBER: M2-05-0650-01 /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:**

Records Received from the State:

Notification of IRO Assignment, 1 page, 1/10/05

MR-117, 1 page, 1/10/05

Medical Dispute Resolution Request/Response, TWCC-60, 3 pages, 1/6/05

Pre-Authorization determination letter from CorVel, 2 pages, 10/28/04

Pre-Authorization determination letter from CorVel, 2 pages, 11/12/04

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Records Received from TML Intergovernmental Risk Pool

Letter to MRIOA from Scott D. Bouton with Flahive, Ogden & Latson, 2 pages, 2/3/05  
Preauthorization note from CorVel, 1 page, 12/30/04  
Summary of Carrier's Position, 2 pages, 1/3/05  
Medical Dispute Resolution Request/Response, TWCC-60, 3 pages, 1/6/05  
Pre-Authorization determination letter from CorVel, 2 pages, 10/28/04  
Pre-Authorization determination letter from CorVel, 2 pages, 11/12/04

Records Received from Syzygy Associates

Letter from MRIOA requesting records, 1 page, 1/27/05  
Letter from Robert E. West OTR, 2 pages, 11/5/04  
Evaluation Referral to Mockingbird, 1 page, 10/21/04  
Preauthorization certification request, 1 page, 10/22/04  
Letter from CorVel to Dr. West, 1 page, 11/11/04  
Pre-Authorization determination letter from CorVel, 2 pages, 10/28/04  
Pre-Authorization determination letter from CorVel, 2 pages, 11/12/04  
Clinical Interview done by Lieu Vuong PHD, 1 page, 11/1/04  
FCE letter from Robert E. West OTR, 2 pages, 10/7/04  
FCE Intake, 3 pages, 10/7/04  
FCE Summary, 23 pages, 10/7/04  
TWCC-60 packet, 3 pages, 1/6/05

**Summary of Treatment/Case History:**

This is a 30 year old \_\_\_\_\_ that was injured \_\_\_ after slipped down some stairs, injuring her spine. MRI was performed and was diagnosed with C6 dislocation, strains and sprains of sacroiliac region, non-allopathic lesions of the thoracic region. Passive treatments included electrical stimulation, application of ice and heat, massage, chiropractic adjustments, three epidural steroid injections January 2004, lumbar fusion April 2004, Dr. Milani. No evidence of active physical therapy being performed, according to the medical records.

**Questions for Review:**

1. Please advise the medical necessity of the proposed work hardening program regarding the above mentioned injured worker.

**Explanation of Findings:**

1. Please advise the medical necessity of the proposed work hardening program regarding the above mentioned injured worker.

The proposed work hardening program in question is not medically necessary according to the medical records. FCE, 10/27/04, places the patient at less than sedentary PDL. Her job duties require at least medium PDL. No documentation that an active physical therapy program was implemented. Psychological evaluation apparently revealed mild symptoms of depression and anxiety. Therefore, the proposed work hardening program is not medically necessary.

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**Conclusion/Decision to Not Certify:**

Decision to NOT certify as medically necessary, the proposed work hardening program.

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

Work hardening programs focus on physical conditioning but the patient must be at a physically conditioned level to meet the high-level physical demands of a work hardening program. Work hardening programs also incorporate job-specific work activities. For example, if a worker is required to lift 50 pound boxes, the program includes lifting heavy boxes. Work hardening programs also address psychological issues and vocational issues that often interfere with return to work.

**References Used in Support of Decision:**

Physical Medicine and Rehabilitation, Second Edition, 2000, Richard L. Bradden, M. D.' Practical Manual of Physical Medicine and Rehabilitation; Diagnostics, Therapeutics, and Basic Problems, 1998, Jackson C. Tan, M. D. P.T., Ph.D.

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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 Physiatrics 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.

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

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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.

The written opinions provided by MRloA 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 MRloA 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 MRloA 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 and Respondent