

MCMC

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

Date:	09/01/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1748-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for work hardening.

DECISION: Upheld

IRO MCMCllc (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 09/01/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

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

CLINICAL HISTORY:

Records indicate that the above captioned individual was allegedly injured during the course of his normal employment on 02/___/2005. The history reveals that he was lifting an 18-wheeler type tire and injured his low back. MRI examination dated 05/02/2005 revealed a disc herniation at L5/S1 and electrodiagnostic evaluation dated 04/30/2005 indicated the presence of a left lower extremity radiculopathy. At least two injections were performed. An extensive course of rehabilitation was attended. Microdiscectomy was performed on 10/17/2005, and a substantial course of postoperative occupational therapy was attended subsequent to surgery. A Functional Capacity Exam (FCE) dated 05/10/2006 revealed lingering functional deficits and a psychological interview dated 05/23/2006 indicated the presence of pain disorder with the recommendation of either work conditioning or work hardening.

REFERENCES:

References utilized in this review may include but are not limited to the ACEOM Guidelines, Official Disability Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines, and Procedural Utilization Guidelines.

RATIONALE:

The documentation does not establish the medical necessity for the application of work hardening at this juncture. Specifically, even though the injured individual participated in an FCE, which demonstrated functional deficits, there is no comparative information as to the exact current Physical Demand Level (PDL) versus the required PDL. There is no stated required PDL. The examination results indicate that the injured individual is functioning at the medium heavy to heavy PDL, which likely exceeds his required PDL. Also, even though the injured individual attended a psychological evaluation, there is no obvious evidence that he has significant psychosocial issues which would make work hardening a reasonable component of his ongoing care. The conclusion of the examination report stated that the injured individual was demonstrating pain disorder, however there was no reference to significant psychosocial issues for which work hardening would be an obvious choice.

Furthermore, the injured individual had already participated in an extensive course of pre-surgical rehabilitation as well as postoperative occupational therapy subsequent to surgery. As of 01/16/2006, the injured individual was exhibiting minimal objective and subjective symptomatology. Pain levels were 2/10 and mild range of motion losses were noted. The main lingering limiting symptom was the injured individual's inability to sit for extended periods of time. The injured individual then underwent at least 24 visits of postoperative occupational therapy, which did not clearly result in the diminution of symptoms. Pain levels remained 2/10 and ranges of motion and orthopedic testing were basically static. The issue of sitting intolerance was also not positively impacted by the postoperative therapy. The injured individual continued to complain of this symptom at the completion of rehabilitation. Given the lack of clear demonstrable progress during the course of postoperative occupational therapy there would be no clear and reasonable expectations for additional therapeutic gain with additional therapy such as work hardening. It is not clearly obvious that a course of the tertiary level work hardening would be necessary and clearly superior to the less intensive occupational or formal physical therapy. As such, the medical necessity is not established.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 07/31/06
- MR-117 dated 07/31/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 08/21/06
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 07/31/06
- AIG Domestic Claims, Inc.: Remittance check dated 08/10/06

- Flahive, Ogden & Latson: Letter dated 08/08/06 from Ronald Johnson
- Flahive, Ogden & Latson: Letter dated 07/21/06 from Patricia Blackshear
- Hdi Health Direct: Reconsideration/Appeal of Adverse Determination letter dated 06/14/06
- Hdi Health Direct: Utilization Review Determination letter dated 06/08/06
- Mental Health Evaluation: New Patient Evaluation/Intake Note (handwritten) dated 05/23/06 from John Churchill, LCSW
- Neuromuscular Institute of Texas: Functional Capacity Evaluation dated 05/10/06
- Neuromuscular Institute of Texas: Office notes dated 03/02/06, 06/07/05, 04/28/05 from Mark Dedmon, P.A.-C
- David M. Hirsch, D.O.: Report dated 12/13/05
- South Texas Spinal Clinic: Office notes dated 11/22/05, 11/01/05 from Jerjis Denno, M.D.
- Jerjis Denno, M.D.: Operative Procedure dated 10/17/05
- Neuromuscular Institute of Texas: Letter dated 10/07/05 from Brad Burdin, D.C.
- South Texas Spinal Clinic: Consultation report dated 09/26/05 from Jerjis Denno, M.D.
- Patrick Wilson, M.D.: Initial office note dated 06/27/05
- Morris H. Lampert, M.D.: Narrative Summary dated 06/24/05
- San Antonio Diagnostic Imaging: MRI lumbar dated 05/02/05, lumbar x-rays dated 05/02/05
- Neuromuscular Institute of Texas: Electrodiagnostic Study dated 04/30/05
- Neuromuscular Institute of Texas: Office notes dated 04/21/05 through 06/01/06 from Brad Burdin, D.C.

The reviewing provider is a **Licensed/Boarded Chiropractor** and certifies that no known conflict of interest exists between the reviewing Chiropractor and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

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.

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 Department of Insurance Division of Workers' Compensation
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

___ 1st ___ day of ___ September _____ 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____