

# IRO America Inc.

## An Independent Review Organization

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November 3, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: \_\_\_\_\_  
TDI-DWC #: \_\_\_\_\_  
MDR Tracking #: M2-06-0075-01  
IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Chiropractic Care. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including: CT scan of the Cervical and Thoracic spine, MRI of Lumbar spine, peer review from Nicerio De Leon DC, notes from DC Health Centers, notes from Accident and Injury Center, lower extremity NCV/EMG.

### CLINICAL HISTORY

This Patient, Mr. \_\_\_\_, is employed at correctional facility where he works as a Correctional Officer. The patient states that while he was at work on \_\_\_\_, he went to put an inmate's mattress under lock and key when the juvenile pushed him from behind. Mr. \_\_\_\_ stated

he restrained the juvenile and they went rolling around on the floor while the juvenile continued to fight back. As a result of that incident, the patient states, he immediately had pain in his neck/head, upper back and low back. He stated that after the altercation he felt dazed and shaken, but never lost consciousness.

### **DISPUTED SERVICE(S)**

Under dispute is prospective and/or concurrent medical necessity of work hardening of 30 sessions.

### **DETERMINATION/DECISION**

The Reviewer agrees with the determination of the insurance carrier.

### **RATIONALE/BASIS FOR THE DECISION**

In many cases it is important to put patients into a work hardening program as soon as they are able to effectively participate in it. However, in this case it appears the treating doctor is trying to put the patient into this program with numerous findings from the MRI that would be considered a red flag for participation without an effective clearance, such as a FCE or a PPE or a medical clearance. Since his job requires possible physical confrontations it would be considered a 'heavy' job classification. If a patient is put through this program prematurely, then the patient will never achieve optimum recovery and his injuries could lead to a chronic condition requiring continued treatment. This is outlined in *The Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters*. This is also confirmed by the peer review performed by Nicerio De Leon DC on August 29, 2005.

### **Screening Criteria**

#### 1. Specific:

The Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters  
Peer Review from Nicerio De Leon DC

#### 2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literature and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

**CERTIFICATION BY OFFICER**

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

**IRO America Inc.**



Dr. Roger Glenn Brown

**President & Chief Resolutions Officer**

Cc: [Claimant]

Steven Enabnit

Attn: Greg Howard Jr.

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SORM

Attn: Jennifer Dawson

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### **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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

**I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 3<sup>rd</sup> day of November 2005.**

**Name and Signature of IRO America Representative:**

Sincerely,

**IRO America Inc.**



Dr. Roger Glenn Brown

**President & Chief Resolutions Officer**