

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.

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 December 27, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-06-0354-01

Information Provided for Review:

DWC-60, Table of Disputed Services, EOB's

From Requestor:

- Correspondence
- Office Visit 09/07/05

From Respondent:

- Correspondence
- Designated Reviews

Chiropractor:

- Office Notes 02/04/05 – 11/28/05
- PT 02/11/05 – 06/06/05
- FCE 02/09/05 – 08/04/05
- Electrodiagnostic 02/24/05
- Radiology 02/03/05 – 02/10/05

Family Practice:

- Office Notes 02/14/05 – 08/22/05

Clinical History:

This claimant sustained a work-related injury on ____, which has resulted in ongoing pain primarily in the neck and upper extremities. Diagnosis of "upper extremity brachial neuritis" is mentioned in the notes. Electrodiagnostic testing including nerve conduction study, f-waves, h-reflexes, and evoked responses were performed with the impression being that of "possible bilateral carpal tunnel syndrome, slightly worse on the right," performed by Russell Packard, M.D., neurologist.

MRI scan of the cervical spine dated 02/10/05 is interpreted as showing "borderline canal stenosis at C5/C6 due to spondylosis and facet disease but without cord compression, multilevel cervical spondylosis, most severe on the right at C5/C6, and multilevel facet joint arthropathy." The body of the report indicates that there is "severe right and moderate left neural foraminal narrowing" at the C5/C6 level. The claimant has undergone physical therapy as well as chiropractic treatments and has been referred for a "work hardening program."

Disputed Services:

Twenty sessions of a work hardening program.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion the services stated above are not medically necessary in this case.

Rationale:

It appears that this claimant is most likely presenting with complaints attributable to the fairly severe stenosis seen in cervical spine imaging, which shows foraminal narrowing at the C5/C6 level, right greater than left. Though an aggressive physical therapy and physical rehabilitation type approach may be beneficial over the long run, it appears that this claimant has already undergone some physical therapy but without much progress being made. It is unclear from the notes whether the patient has actually undergone evaluation and treatment by a neurologist or a pain specialist.

The goals outlined by George Esterly, L.P.C., on his communication dated 09/07/05 consisting of an evaluation by Ennis Healthcare Systems, primarily indicates emphasizing stabilization of mood and other psychological and emotional outcomes. The planned intervention modalities indicate an emphasis on supportive psychotherapy as well as cognitive behavioral psychotherapy, coping skills, etc. The short term and long term goals primarily emphasize increasing self esteem, coping with stress, decreasing anger and depressive thoughts, reducing feelings of helplessness, with some mention at the end of improving sleep patterns and increasing daily activity.

My impression of a "work hardening" program is one that emphasizes more a physical rehabilitation approach so that the required activities at work can be better accomplished without significant pain, etc. It appears that this claimant may have more of a psychological barrier to returning to work at full capacity due to underlying depression, etc., which may be consequences of the chronic pain condition. However, I do not believe that this would be adequately addressed in a "work hardening" environment, at least at the type of program that I envisioned as "work hardening."

This claimant may well be suited for a pain management consultation for further treatment of possible radicular etiologies to his ongoing pain versus perhaps a neurology consultation. Eventually, if progress is not made and if his presentation continues to be deemed secondary to the work-related injury, evaluation and possible treatment at a multidisciplinary chronic pain management program may also be reasonable, especially if there are psychological and emotional consequences to the chronic pain that are present.