January 16, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-0546-01
CLIENT TRACKING NUMBER: M2-06-0546-01

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIoA for independent review in accordance with DWC 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 DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider 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 before referral to the IRO.

Records Received:

FROM THE STATE:
Notification of IRO assignment 1/4/06 1 page
Texas Department of Insurance Division of Workers Compensation form 1/4/06 1 page
Medical Dispute resolution request/response 2 pages
Provider form 1 page
Table of disputed services 1 page
Preauthorization determination from CorVel 11/16/05 2 pages
Preauthorization determination from CorVel 12/8/05 3 pages

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FROM THE REQUESTOR/S. COAST SPINE AND REHAB:
Letter from Dr. Strong, DC/S. Coast spine and Rehab 1/10/06 10 pages
Preauthorization request 12/2/05 1 page
Request for reconsideration 12/2/05 5 pages
Preauthorization request 11/11/05 1 page
Initial request for work hardening program 11/11/05 10 pages
Texas Workers Compensation work status report 11/3/05 1 page
Reevaluation narrative 11/2/05 5 pages
Texas Workers Compensation work status report 6/20/05 1 page
Initial evaluation narrative 6/20/05 6 pages
MRI lumbar spine report 7/14/05 1 page
Mental health diagnostic interview report 11/2/05 6 pages
Referral from Dr. Tijmes, MD for work hardening program 11/1/05 1 page
Orthopedic visit notes 9/16/05 2 pages
Specific and subsequent medical report 11/1/05 2 pages
3rd functional capacity evaluation report 10/12/05 11 pages
Initial functional capacity evaluation report 7/6/05 12 pages

FROM THE RESPONDENT/CITY OF BROWNSVILLE:
Letter from Scott Bouton/Flahive, Ogden & Latson 12/29/05 3 pages
Letter from Patricia Blackshear/Flahive, Ogden & Latson 1/11/06 2 pages

Summary of Treatment/Case History:
The patient is a 27-year-old male who, on ___, helped pull a 400-pound patient from the stretcher to a hospital bed and injured his lower back. Three days later, he presented to a doctor of chiropractic and began conservative treatment that included ultrasound, electrical stimulation, massage therapy, aquatic therapy, therapeutic exercises and medication. An MRI of the lumbar spine was eventually performed on 7/14/05. On 11/2/05, the patient received a mental health interview to determine the appropriateness of a work hardening program.

Questions for Review:
Address Medical Necessity ONLY

1. Pre-authorization denied for 30 sessions of work hardening.

Explanation of Findings:
The patient participated in a functional capacity evaluation (FCE) on 10/12/05 that indicated the claimant qualified for the "Heavy" work category within the restricted work plane and the "Medium" work category in the unrestricted work planes. Furthermore, according to the provider, the FCE demonstrated "an inconsistent effort" on the part of the patient; as a result, the proposed, extensive work hardening program is not supported as being medically necessary.

There is also no support for the program since it is highly unlikely that it would have any beneficial or positive effect on the claimant's documented condition, which is an L5-S1 left paracentral disc herniation measuring 4mm effacing the S1 nerve roots and an L4-5 broad-based disc bulge.

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And finally, current medical literature states, "…there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care." (Ref 1) The literature further states "…that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..." (Ref 1) Moreover, a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care. (Ref 1) Therefore, the medically necessity of proposed work hardening program is unsupported.

Conclusion/Decision to Not Certify:

1. Pre-authorization denied for 30 sessions of work hardening.

The medically necessity of proposed work hardening program is unsupported. See above for rationale.

References Used in Support of Decision:

Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.

Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.

Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000

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

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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

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This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.

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, and the DWC.

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.

1202153.1
Case Analyst: Cherstin B ext 597

cc: Requestor
Respondent