

MCMC

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

Date:	03/03/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0651-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for work hardening five times per week for three weeks.

DECISION: Upheld

IRO MCMC llc (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 03/03/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Work hardening five times per week for three weeks is not medically necessary.

CLINICAL HISTORY:

The injured individual is a male with a history of two prior lumbar surgeries as related to his date of injury. He entered a work hardening program on 11/07/2005. His prior job as a shipping/receiving clerk was noted to be a medium demand job. After 13 work hardening sessions, he was able to lift 43 pounds. This was classified as light duty ability but appears to be more in line with medium duty capacity based on the weight being lifted. In any event, the injured individual has retrained and is now doing clerical work in an office, which is light duty. He is at least at or above the requirements for this job and is working so further work hardening is not needed.

REFERENCE:

Bonica JJ. Ed The Management of Pain. Third Edition. Copyright 2000

RATIONALE:

The injured individual is a male with date of injury _____. His diagnosis is lumbar failed back surgical syndrome (FBSS) after two surgeries, the last in 07/2003. He has completed 13 work

hardening sessions and by 11/28/2005 could lift up to 43 pounds. His requesting provider feels this represents only light duty capability and his old job was medium duty. However, he has retrained and was working as a clerical assistant in an attorney's office, which is by nature light duty. Further work hardening was denied upon review as it was felt the injured individual was already at his required work capacity. I would agree with this assessment.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 01/20/06
- MR-117 dated 01/26/06
- DWC-60
- DWC-60, Part VI
- MCMC: IRO Medical Dispute Resolution Prospective dated 02/16/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 01/26/06
- MCMC: Statement dated 01/27/06
- Safeco: Letter dated 02/15/06 from Terry Wright
- San Antonio Spine and Rehab: Physical Performance Evaluation dated 01/23/06, 11/28/05 from J.L. Eaves, D.C.
- Concentra: Letter dated 12/09/05 from Leslie Miner, D.C.
- San Antonio Spine and Rehab: Reconsideration for Concurrent Care for WHP dated 12/06/05 from Jason Eaves, D.C.
- Concentra: Letter dated 12/02/05 from Shawna Daras, Utilization Review Nurse
- San Antonio Spine and Rehab: Concurrent Care for WHP dated 11/28/05 from J.L. Eaves, D.C.
- San Antonio Spine and Rehab: Work Hardening Group Notes dated 11/08/05, 11/14/05, 11/28/05
- San Antonio Spine and Rehab: Weekly Notes, Work Hardening for Week 1 (11/07/05 to 11/11/05), Week 2 (11/14/05 to 11/18/05) and Week 3 (11/21/05 to 11/29/05)
- Southwest Open MRI: MRI lumbar spine dated 08/26/05
- Gregory W. Baker, D.C.: Peer Review Analysis dated 08/17/05
- MES Solutions: Independent Medical Evaluation dated 03/23/05 from Charles Xeller, M.D.
- Methodist Specialty and Transplant Hospital: Operative Reports dated 01/30/03, 11/08/01, 07/31/03 from Dennis Gutzman, M.D.
- Northeast Utilities Service Company: Flexible Benefits Handbook, Summary Plan Descriptions (Introduction and pages 2 – 76) effective 01/01/03
- Advanced Medical Imaging-Southside: MRI lumbar spine dated 07/07/00
- San Antonio Spine & Rehab: Pre-authorization Request fax dated 11/29/05
- San Antonio Spine and Rehab: DWC 60-Summary dated 05/30/00 from Jason Eaves, D.C.
- Texas Department of Insurance: Undated Order for Payment of Independent Review Organization Fee

The reviewing provider is a Licensed/Boarded Pain Management/Anesthesiologist and certifies that no known conflict of interest exists between the reviewing Pain Management/Anesthesiologist 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 3rd day of March 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____