

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Austin, Texas 78735

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 6/26/06

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1418-01
Name of Patient:	_____
Name of URA/Payer:	Ace American
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Patrick R.E. Davis, DC

June 19, 2006

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc:
Patrick R.E. Davis, DC
Division of Workers' Compensation

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DOCUMENTS REVIEWED

1. Notification of IRO Assignment and Table of Disputed Services
2. Carrier denials, dated 5/2/06 and 5/10/06
3. Carrier statement of position, dated 6/7/06
4. Lumbar spine MRI and report, dated 1/5/05
5. Lumbar myelogram and post-myelogram CT with report, dated 10/11/05
6. Orthopedic surgeon's initial narrative report, dated 9/20/05
7. EMG/NCV testing and report, dated 1/4/05
8. Carrier-selected examination and report, dated 2/3/05
9. Post-injection therapy notes, multiple dates
10. Operative report, dated 10/27/05
11. Initial FCE and report, dated 3/1/06
12. Interim FCE and report, dated 3/31/06
13. Third FCE and report, dated 4/26/06

CLINICAL HISTORY

Patient is a 50-year-old sales clerk for a major convenience store chain who, on ____, was repeatedly lifting, bending and twisting while at work when she began experiencing lower back and left thigh pain and numbness. She subsequently treated with extensive chiropractic care and physical therapy, but when these treatments did not produce the desired result, she received 3 epidural steroid injections; when this failed, she eventually underwent left L3-4 laminectomy, discectomy and facetectomy for nerve root decompression on 10/27/05, followed by post-operative physical therapy and rehabilitation.

The claimant has just completed 20 sessions of work conditioning, and this request is for an additional 10 sessions (2 weeks).

REQUESTED SERVICE(S)

Preauthorization for an additional 10 sessions (2 weeks) of work conditioning.

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DECISION

Approved.

RATIONALE/BASIS FOR DECISION

In this case, the documentation submitted by the treating doctor of chiropractic adequately and objectively demonstrated that the initial 20 sessions of work conditioning had been effective in improving the claimant's strength and range of motion. However, the records also demonstrated that deficits in the patient's patients physical demand level (PDL) still existed, specifically that her position required an upper sector **Medium** to a lower sector **Heavy** Work Category (relating to DOT), but she tested at only a mid sector **Medium** PDL.

The carrier in this case used, as their basis for denial (document dated 5/2/06), that the claimant had already met "her job requirements of Medium PDL and Medium MET level," and represented those findings accordingly. However, as just previously discussed, this was not actually the case, and in fact, deficits do still exist. Therefore, since the medical records adequately support the continued deficit, and since the previous sessions of work conditioning reveal objective improvements, the proposed additional 10 sessions are supported as medically necessary.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with 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 20th day of June 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell