IRO America Inc.

An Independent Review Organization
7626 Parkview Circle
Austin, TX 78731
Phone: 512-346-5040
Fax: 512-692-2924

January 18, 2006

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Patient:	___
TDI-DWC #:	___
MDR Tracking #:	M2-06-0374-01
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: notes from HealthTrust, notes from Raul Martinez MD, notes from Bryan Lee DC, Impairment Rating dated May 12, 2004 and October 13, 2005, notes from Victor Abrego MD, DD exam dated April 3, 2004, lower extremity NCV/EMG, Lumbar MRI, notes from Garden Ridge Physical Therapy & Wellness Center.

CLINICAL HISTORY

At the time of the injury, the Patient was a 34-year-old male who injured on the job on ___. He was employed as a construction foreman for , a contractor for

. The Patient states he was working at the job site and went back to the truck with one of his workers to get some boxes that are used to cover cable in the ground. The boxes are hollow underneath and a gust of wind blew under the box, which weighed about sixty pounds causing Mr. ___ to fall with the box on top of him. He reported the injury to the owner and then later that night when getting up out of a chair, felt severe low back pain.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of chronic pain management 30 sessions.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

From the records provided and the history of the injury, it appears that chronic pain management is not reasonable or medically necessary. This choice of treatment would have been utilized earlier in the course of care instead of at or near statutory MMI as outlined by the *Texas Guidelines for Quality Assurance and Practice Parameters*. Most work conditioning and work hardening programs address the injured workers compensable body parts and also address the emotional or psychological components as well. If the decision for pain management were made then the indicators would have led the treating doctor to this conclusion much earlier in the course of care, allowing the patient a much better chance to return to a pre-injury status. At this phase of care, there is no reasonable positive outcome expected from this course of treatment. Therefore, the item in dispute is considered unreasonable and medically unnecessary.

Screening Criteria

1. Specific:

- Texas Guidelines for Quality Assurance and Practice Parameters

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 literate 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: HealthTrust
Attn: Candes
Fax: 713-527-8558

Hartford Underwriters Ins.
Attn: Barbara Sachse
Fax: 512-343-6836

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, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 18th day of January 2005.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer