

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Austin, Texas 78735

Phone: 512-288-3300

FAX: 512-288-3356

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0687-01
Name of Patient:	
Name of URA/Payer:	Insurance Co. of the State of PA
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Christopher R. Blair, DC

February 15, 2007

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: \_\_\_\_\_  
Christopher R. Blair, DC  
Division of Workers' Compensation

RE: \_\_\_\_

DOCUMENTS REVIEWED

Available documentation received and included for review consists of records from Drs. Benson (MD), Nguyen (MD), ER reports, Blair (DC) (incl. FCE reports), Libby (LPC), IME's by Capello (MD) and Heisey (MD), CT reports and peer preauth denials.

CLINICAL HISTORY

Mr. \_\_\_\_, a 26-year-old male, sustained an on-the-job injury as a result of lifting a large (375 lb) tire at work. He felt a 'pop' and developed some right lower abdominal pain that was diagnosed as an inguinal hernia in the ER. He was prescribed pain medications and eventually underwent a right inguinal herniography by Dr. Nguyen. Postoperatively he was followed by Dr. Blair, a chiropractor.

He was also followed by a LPC for some depressive and anxiety tendencies over the injury starting September 2006, for six visits which improved his situation a little.

He was seen for IME purposes by two separate orthopedic surgeons, Dr. Heisey as a designated doctor in September 2006, who found him not to be at MMI, recommending a further six weeks of physical therapy and Dr. Capello in October 2006 and found him to be at MMI with no further care necessary. Psychological assessment by a psychiatrist was recommended ongoing medical necessity by Dr. Capello.

The patient continued to be followed by Dr. Benson, an internist, through at least 01/02/07 for a diagnosis was right inguinal hernia, status post repair, chronic pain syndrome and organic affective disorder.

Complaints included continuing pain to the right groin extending up to his bellybutton, with sharp pain upon elevating legs, twisting or pressure over the area. He continued to be medicated using Norco.

The patient was evaluated for work hardening in November of 2006. Which revealed deficits in ability to lift, or and climb stairs. Ongoing psychological overlay was also noted in a behavioral health assessment.

RE: \_\_\_\_

The request was submitted for preauthorization, and denied.

REQUESTED SERVICE(S)

Prospective medical necessity of work hardening program, for 10 sessions over a two-week period.

DECISION

Approve

RATIONALE/BASIS FOR DECISION

A work hardening program involves a multidisciplinary approach and is reserved typically for outliers of the normal patient population, i.e. poor responders to conventional treatment intervention, with significant psychosocial issues and extensive absence from work<sup>(1,2)</sup>.

These factors have been identified in this patient. This patient appears to have failed at lower levels of intervention, with ongoing functional deficits as a result of ongoing pain and functional deficits. He is still dependent on narcotic medication and has been without work for an extensive period of time. Psychosocial barriers to recovery have been identified in multiple evaluations with different providers.

He has shown some improvement with individual psychotherapy. The residual functional deficit combined with maladaptive coping styles, identified in psychological assessments, would be best addressed in a work hardening program as opposed to traditional work conditioning. He satisfies the criteria for entrance into such a program.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

RE: \_\_\_\_

**References:**

- 1/ CARF Manual for Accrediting Work Hardening Programs
- 2/ AMA Guides to the Evaluation of Physical Impairment, 4<sup>th</sup> Edition
- 3/ The Work Loss Data Institute's *Official Disability Guidelines, third edition 2005*
- 4/ The American College of Occupational and Environmental Medicines *Occupational Medicine Practice Guidelines*
- 5/ The American Physical Therapy Association *Guidelines for Programs for Injured Worker's*, 1995

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 15<sup>th</sup> day of February, 2007.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell