



Specialty Independent Review Organization, Inc.

October 27, 2006

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0056-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Chiropractic with a specialty in Rehabilitation. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_\_ was injured on \_\_\_\_ while employed with \_\_\_\_ . The reports indicate he was lifting tree limbs when he felt a 'pop' in his lumbar spine. Another record indicates he was lifting a bag when he was injured. Regardless, the mechanism of injury is basically the same in either case. He measures 6'2" and weighs 200 pounds according to the records. He presented to Dr. Raymond's office on or about 4/17/06 when he changed doctors from Charles Holmsten. An MRI of 5/2/06 revealed a 4mm herniation at L5/S1 with bilateral facet hypertrophy and mild stenosis yielding bilateral S1 nerve root compromise. Neurodiagnostic testing indicates bilateral acute S1/S2 radiculopathy on 5/17/06. He has been seen by Drs. Holmsten, Raymond, Francis, Tiongson, and Flowers for various treatment protocols including ESI's, psych consults, medications and active therapy programs. The note of 8/17/06 from Dr. Chang the patient is participating in a work-conditioning program. The DD report in July indicates that a spine surgeon should be consulted and places him not at MMI.

## RECORDS REVIEWED

Records were received and reviewed from the requestor, respondent and treating doctor. Records from the respondent are as follows: 8/15/06, 8/20/06, 8/21/06, 8/28/06 preauth letters from Cheng Lee, DC, 8/22/06 rebuttal letter from P Raymond, DC, 7/17/06 re-eval letter, PT order 8/5/06, 8/5/06 note by R. Francis, MD, FCE of 8/11/06, 8/17/06 report by M. Chang, MD, 6/16/06 RME report by M. Doyne, MD, DD report of W. Kane, MD of 7/29/06, 8/9/06 initial interview by J Flowers, MD, LPC, various TWCC 73's, 6/2/06 and 6/30/06 preauth requests, 5/02/06 through 7/31/06 history and consultations by B. Tiongson, MD, 5/01/06 through 7/17/06 evals by Dr. Raymond, 5/19/06, 6/1/06 and 7/28/06 PPE, SOAP notes from Injury Centers of Houston (ICH) from 4/26/06 through 08/02/06, 5/23/06 through 07/14/06 operative reports, 4/25/06 through 5/24/06 rehab request from ICH, 5/02/06 through 6/13/06 notes by B. Tiongson, MD, 4/10/06 letter from V. Free, E1 report, various carrier computer notes, Braeswood Occ. Med Clinic notes of 3/8/06 through 04/05/06, 3/22/06 through 07/05/06 preauth recommendation from HDI, various scripts from C Holmsten, MD, 4/17/06 initial consult, 5/17/06 neurodiagnostic testing by Meyer Proler, MD, anesthesia records from Summit, various BioEx Systems rehab programs, note by Memorial Therapeutic Products and various LMN's.

The following records were received from the requestor. All records received from this provider were previously mentioned above; therefore, they will not be listed a second time.

The following records were received from the treating doctor. Multiple records were not listed as they were previously listed above. 7/25/06 referral letter to Dr. Francis.

## REQUESTED SERVICE

The requested service is a 20-session work hardening program.

## DECISION

The reviewer disagrees with the adverse determination.

## BASIS FOR THE DECISION

For an unknown reason, various portions of the medical record are marked "poor quality" via a stamping process under the received date by the adjuster. This takes place on the Healthtrust paperwork, ICH initial consultation and on the anesthesia records.

The preauthorization letter indicates the patient is functioning at a medium/heavy PDL. The patient's required duty is at the very heavy level. The FCE in August of 2006 indicates that he functions at a heavy level when he lifts between 85 and 91 pounds according to the US Dept of Labor Demand Characteristics of Work. The FCE does not contain objective psychological testing in the form of Becks, Fear Avoidance Beliefs or Vermont Disability Questionnaires. The testing from Dr. Flowers of 8/9/06 indicates a moderate level of depression via the Beck's Depression Inventory and via the Beck's Anxiety Inventory. He is noted to need a psychological component to treatment to help facilitate return to work.

The patient has improved if one compares the PPE's and FCE's over the course of treatment. The NASS phase III guidelines indicate work hardening should be performed after an initial rehabilitation protocol of 0-8 weeks, followed by an additional 0-8 weeks of rehabilitation protocols. The study by Schonstein, et al indicates that WH is an effective treatment for chronic lower back pain.

According to Saunders, the entrance criteria for a WH program is as follows: 1) pt is unable to work secondary to pain/dysfunction 2) reasonably good prognosis for improved employment capability as a result of this program 3) clear job oriented goal to RTW 4) patients goal is attainable in 6-8 weeks 5) no psychological barrier to improvement 6) WH is not contraindicated.

He meets criteria 1, 2, 3, 4, 5 and 6 of the entrance criteria. Therefore, a work hardening program is indicated as he meets all of the entrance criteria.

#### REFERENCES

Reed, P The Medical Disability Advisor, 2005

NASS Phase III Clinical Guidelines

Saunders, R Industrial Rehabilitation-Techniques for Success, Saunders Group, 1995

Schonstein E, Kenny DT, Keating J, Koes BW Work conditioning, work hardening and functional restoration for workers with back and neck pain Cochrane Database Syst Rev. 2003;(1):CD001822

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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.

Sincerely,

Wendy Perelli, CEO

## **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.**

Sincerely,

Wendy Perelli, CEO

**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 via facsimile, U.S. Postal Service or both on this 27<sup>th</sup> day of October, 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:          Wendy Perelli**