

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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Austin, Texas 78735  
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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

|  |                           |
|--|---------------------------|
| TDI-WC Case Number:                              |                           |
| MDR Tracking Number: M2-07-0102-01               |                           |
| Name of Patient:                                 |                           |
| Name of URA/Payer:                               |                           |
| Name of Provider:                                | San Antonio Spine & Rehab |
| <small>(ER, Hospital, or Other Facility)</small> |                           |
| Name of Physician:                               | Jason Eaves, DC           |
| <small>(Treating or Requesting)</small>          |                           |

November 21, 2006

An independent review of the above-referenced case has been completed by 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.

November 21, 2006  
Notice of Independent Review Determination  
Page 2

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: \_\_\_\_\_  
San Antonio Spine & Rehab  
Jason Eaves, DC  
Division of Workers' Compensation

RE: \_\_\_\_

DOCUMENTS REVIEWED

1. Notification of IRO Assignment
2. Medical Dispute Resolution/Response
3. Preauthorization Reports & Notifications
4. Letters and Reports, Jason Eaves, DC
5. Reports and Notes, San Antonio Spine and Rehab
6. Medical Reports and Evaluations, CP Garcia, MD
7. Work Hardening Assessment & Psychosocial Evaluation, Eugine Benedict, MA, LPC
8. Physical Performance Evaluations, JL Eaves, DC
9. Respondent Requests and Submissions, Harris & Harris, Robert Josey
10. Argus Physician Advisor Peer Review, un-named

CLINICAL HISTORY

Based on information submitted for review, it appears that this woman was employed as a vacation camp counselor with the \_\_\_\_\_ when she was injured after a fall from a ladder on \_\_\_\_\_. Initial medical assessments are not provided for review. In May of 2001 she underwent a partial meniscectomy of the left knee by a Hilario Trevino, MD. Multiple spine evaluations were apparently performed including x-ray, MRI, CT and EMG/NCV. Central disc herniation was noted at L5/S1 with nerve root abutment, degenerative stenosis and bilateral foraminal narrowing. Degenerative discopathy is also noted at C4/5 and C5/6 segments but no confirmed radiculopathy is documented for review. The patient is also a diabetic and is managed for this by her family physician. The injured employee is seen by multiple providers and has undergone various forms of physical medicine treatments including aquatic therapy, chiropractic and chronic pain management. More recently, the patient was seen for orthopedic spine evaluation by Stephen Earle, MD. Lumbar surgery was requested multiple times and apparently denied by carrier. San Antonio Spine and Rehab physician, CP Garcia, MD, performs a subsequent evaluation on 06/29/06 suggesting that she is a "33-year-old woman" with cervical, thoracic and lumbar strain with right knee strain and bilateral malleoli pain of 6-year duration. Other reports from San Antonio Spine and Rehab, including work hardening and psychosocial history, indicate the patient was born in \_\_\_\_\_ and was a

RE: \_\_\_

great grand mother, placing her age at approximately 64-years-old. Further evaluations suggest that she is experiencing moderate depression and would be able to return to some level of work with completion of a work hardening program. A peer review attachment apparently performed by a Dr. Perry (discipline unknown), suggests that "the claimant is not physically capable of performing work hardening and has no job to return to..." and that "x30 sessions of work hardening is not clinically justifiable." This patient was apparently placed at statutory MMI with a 42% WP impairment on 06/25/02 by a Dr. Rafael Parra. No designated doctor evaluation is provided for review.

REQUESTED SERVICE(S)

**Work Hardening Program as recommended x30 sessions (97545, 97546).**

DECISION

Denied

RATIONALE/BASIS FOR DECISION

Available records suggest that requested surgical and other aggressive management interventions were denied by carrier (clinical rationale for this is not provided for this review). If the patient were a 33-year-old woman (as reported by Dr. Garcia), she would indeed be a candidate for Work Hardening and Work Conditioning. However, this injured worker appears to be a 64 year old grandmother of 11 and great grandmother of 9, who has been out of work for 6 years with chronic pain and multiple progressive degenerative disorders and no apparent employment available to her should be able to return to the workforce. However, a complete evaluation from a qualified designated doctor may be the only way to determine if this program is indeed clinically justifiable. Therefore, requested services are not approved.

RE: \_\_\_\_

Reference:

1. TWCC(TDI) MFG guidelines for Work Hardening and Work Conditioning Programs; (Medicine GR);
2. CARF, Commission on Accreditation of Rehabilitation Facilities, 1990 Standards Manual.
3. Schonstein E, Kenny DT, Keating J, Koes BW. Work conditioning, work hardening and functional restoration (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2004. Chichester, UK: John Wiley & Sons, Ltd.

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 27<sup>th</sup> day of November, 2006.

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

Printed Name of IRO Employee: Cindy Mitchell