

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Phone: 512-288-3300

Austin, Texas 78735

FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0209-01
Name of Patient:	
Name of URA/Payer:	The Travelers Co.
Name of Provider: (ER, Hospital, or Other Facility)	Integra Specialty Group
Name of Physician: (Treating or Requesting)	Darren Howland, DC

November 8, 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: _____
Integra Specialty Group
Darren Howland, DC
Division of Workers' Compensation

DOCUMENTS REVIEWED

Available documentation received and included for review consists of treatment records including FCE from Integra Medical Group by Drs. Darren Howland (DC) and Andrew Small (MD); Peer opinions from Drs. Tondera and Boltorff (DC's).

CLINICAL HISTORY

Mr. ____, a 19-year-old male, injured his lower back after repetitive lifting 70 pound containers as a warehouse worker for ____ on _____. He consulted with a chiropractor about five days later and was diagnosed with a lumbar sprain and lumbago. He was taken off work and was placed on a conservative treatment regime consisting of manipulation and adjunctive physiotherapeutic modalities, with only a limited response. Work hardening was requested in June 2006, however was denied as the reviewer felt that due to lack of chronicity, work hardening was premature and a limited return to work would have been more appropriate. The claimant's case was contested for compensability as result of some cocaine use; however a CCH determined that the injury was compensable. This apparently delayed further access to care.

Functional capacity evaluation on 6/9/06 revealed a light-medium job physical demand level, with the patient failing to meet the job requirements (heavy PDL) across most indices of function. A behavioral assessment of pain medical stability questionnaire (BAP-MSQP) identified some psychosocial barriers to recovery.

According to the records, the patient remains off work.

REQUESTED SERVICE(S)

Work hardening program 20 sessions

DECISION

Approve

RATIONALE/BASIS FOR DECISION

The patient has undergone conservative care measures with only limited results. He has now remained off work for longer than nine months. He remains with functional and strength deficits that precluded a return to work at the appropriate physical demand level, as identified in a functional capacity environment. Anxiety and depressive disturbances have been identified with self reporting measures. These issues combine to be barriers to recovery unless addressed. Considering the length of time since his injury and absence from work, a more intensive multidisciplinary approach would appear to be viable in this case.

Work hardening 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⁽³⁾.

The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

The patient satisfies the benchmark for admission into a program and medical necessity is therefore established.

References:

- 1/ CARF Manual for Accrediting Work Hardening Programs
- 2/ AMA Guides to the Evaluation of Physical Impairment, 4th Edition

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 10th day of November, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell