

MDR Tracking Number: M5-03-0077-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The work hardening program and therapeutic procedure was found to not be medically necessary. The respondent raised no other reasons for denying reimbursement. This decision applies to dates of service 8/6/01 through 9/19/01.

This Order is hereby issued this 17th day of December 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

December 10, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR#: M5-03-0077-01
IRO Certificate No.: IRO 5055

Dear:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic medicine.

Clinical History:

This male patient was injured on his job, twisting his back on _____. MRI revealed lytic Grade 1 L5-S1 spondylolisthesis with mild bilateral foraminal narrowing and mid to minimal degenerative changes on multiple discs. Surgical recommendations were given on 05/07/01. An FCE was performed on 04/14/01 and on 09/17/01.

Disputed Services:

Work hardening and therapeutic procedures from 08/06/01 through 09/19/01.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatment and procedures in question were not medically necessary in this case.

Rationale for Decision:

It is evident from the records supplied for this review that the patient shows no psychosocial deficits that would warrant progression into a multi-disciplinary return-to-work program at this time. FCE's on 08/14/01 and 09/17/01 reveal equal functional impairments. It is obvious the patient was not going to enter into the same PVL; thus, the functional deficits are not relevant. A greater focus in this treatment application is the initiation of a behavioral component. Patients must meet all entrance criteria to warrant transition into this therapeutic application.

The Unremitting Low Back Pain, North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Care Specialists, published in 2000, states that referrals to secondary levels of specialized care have a clinical/behavioral component. It is evidence that the provider has not demonstrated psychosocial deficits that would warrant progression of the patient's care into a work-hardening application.

I am the Secretary and General Counsel of _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,