

MDR Tracking Number: M5-03-0118-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Chiropractic treatment (including: psychological testing, work hardening, FCE, DME-lumbar roll) was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that the Chiropractic treatment (including: psychological testing, work hardening, FCE, DME-lumbar roll) fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 10/2/01 to 11/16/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

November 20, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0118-01
IRO Certificate #: 4326

____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 46 year old female sustained a work related injury on ___ when she tried to lift a box in a walk-in freezer. The patient experienced low back pain and was treated with prescription management including Flexeril and Celebrex and placed on light duty. The patient was referred to an orthopedic surgeon with complaints of low back pain and leg symptomatology. Slight deficits in ranges of motion were noted at the time. Sensory and neurological examination was intact. The patient underwent an MRI of the lumbar spine, which indicated a herniated disc at L5-S1 and also at L4-5. The patient was re-examined on 03/28/01 and she was noted to have no muscle spasms and good range of motion except pain during extension. On 04/25/01 an examination revealed good range of motion of the back, no muscle spasms, and a negative straight leg raise. At the time, the physician felt as though the claimant would be progressed to full duty within 5 weeks. The patient remained at light duty, which the employer apparently accommodated. On 08/08/01, the physician performed an impairment rating and assigned a 6% whole person impairment and maximum medical improvement (MMI). It was noted that the patient had negative straight leg raise, good ranges of motion, no muscle spasms and no neurological complaints. On 10/02/01, the patient was referred to work ready for a functional capacity evaluation (FCE) and evaluation for the need for a work hardening program. Six weeks of work hardening was completed and a follow-up FCE was performed as well.

Requested Service(s)

Psychological testing, work hardening, functional capacity evaluation, and lumbar roll provided from 10/02/01 through 11/16/01.

Decision

It is determined that the psychological testing, work hardening, functional capacity evaluation, and lumbar roll provided from 10/02/01 through 11/16/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation fails to substantiate the medical necessity for the psychological testing, work hardening, functional capacity evaluation, and lumbar roll provided from 10/02/01 through 11/16/01. A work hardening program is designed to progress an injured worker back to their pre-injury status through work simulation, cardiovascular training and psychological therapy including coping skills and pain management techniques. A work hardening program is most applicable when light duty is not available or the functional capacity of an injured worker is less than any work available. The patient's employer was willing to accommodate this worker for light duty including training if necessary. This patient did not require work hardening, which includes work simulation, because she was already performing work at a light duty. Additionally, the FCE indicates that there were no specifically identified psychological issues that would warrant the multidisciplinary program of work hardening. Specifically, a series of screening tools, including McGill and Beck's were utilized to measure the patient's pain focusing, depression and anxiety. The patient scored in an acceptable range in all of these screening devices, indicating that there was no need for the psychological component associated with work hardening. In addition, this patient was certified at a MMI on 08/08/01. No new provocative incidents or degradation of symptomatology were noted within the documentation that would warrant further rehabilitative intervention.

In summary, this patient apparently suffered a soft tissue lumbar sprain/strain type injury. Significant complicating factors were present evidenced by positive MRI findings, however, there were no neurological sensory or motor deficits to clinically correlate these complicating factors. The patient appears to have progressed quite well through physical therapy and on 08/08/01 was assigned an MMI. The medical record documentation provides no rationale for additional medical intervention at that time. The patient was generally accommodated in regards to light duty, which further raised the question for the necessity of work hardening as well as the other listed procedures. Therefore, the psychological testing, work hardening, functional capacity evaluation, and lumbar roll provided from 10/02/01 through 11/16/01 were not medically necessary.

Sincerely,