THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2510.M5

MDR Tracking Number: M5-03-0655-01

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 <u>Medical Dispute Resolution by</u> <u>Independent Review Organizations</u>, 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 FCEs were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this <u>30th</u> day of <u>January</u> 2003.

Noel L. Beavers Medical Dispute Resolution Officer Medical Review Division

NLB/nlb

January 22, 2003

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

Re: Medical Dispute Resolution MDR#: M5-03-0655-01 IRO Certificate No.: IRO 5055

Dear:

has performed an independent review of the medical records of the abovenamed 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 Board Certified in Chiropractic medicine.

Clinical History:

This male claimant injured his lumbar spine and shoulder region in a work-related accident on _____. The mechanics of this injury were not made available for review. A course of work hardening was completed that ran from 12/21/01 through 01/28/02. Functional capacity evaluations were performed on 10/23/01, 12/10/01, and 01/28/02

Disputed Services:

Work hardening program and FCE's from 12/21/01 through 01/28/02.

Decision:

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

Rationale for Decision:

The treating facility has not sufficiently documented the necessity of a work hardening program. The FCE's show functional deficits associated with the patient's injuries, but fail to show any psychosocial factors that would warrant transition into more multidisciplinary treatment with a behavioral component.

The patient had completed a course of work conditioning prior to enrollment into work hardening applications. There is no documentation of failure at the level of work conditioning, and there are no rehabilitation recommendations from other practitioners that would support the application of work hardening services.

The Unremitting Low Back Pain North American Spine Society Phase 3 Clinical Guidelines for Multi-disciplinary Spine Care *Specialists* published in 2000 shows that documentation of failure is vital to the implementation of successive therapeutic measures. If there is no justification for failure with a particular application, then progression to successive applications would not be medically appropriate.

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,