

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 12-16-02.

The IRO reviewed work hardening program rendered from 2-4-02 through 3-28-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 30, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-29-02 1-30-02 1-31-02 2-1-02 2-18-02	97545WHAP (1hours)	\$64.00	\$57.60	C	\$64.00 / hr	Medicine GR (II)(E)	Medical Dispute Resolution does not have jurisdiction to address contract disputes. Therefore, the review will be based upon the Commission's <i>Medical Fee Guideline</i> . The requestor did not submit work hardening reports to support billed service per MFG. No reimbursement is recommended.
1-29-02 1-30-02 1-31-02 2-1-02 2-18-02	97546WHAP (5 hours)	\$320.00	\$288.00	C	\$64.00 / hr	Medicine GR (II)(E)	Medical Dispute Resolution does not have jurisdiction to address contract disputes. Therefore, the review will be based upon the Commission's <i>Medical Fee Guideline</i> .

							The requestor did not submit work hardening reports to support billed service per MFG. No reimbursement is recommended.	
1-29-02 1-30-02 1-31-02 2-1-02 2-18-02	97545WHAP (1hours)	\$64.00	\$00.00	T	\$64.00 / hr	HB2600 Medicine GR (II)(E)	HB2600 abolished the treatment guidelines effective 1-1-02. Therefore, the insurance carrier was incorrect to deny reimbursement based upon "T." These services will be reviewed in accordance with MFG. The requestor did not submit work hardening reports to support billed service per MFG. No reimbursement is recommended.	
TOTAL		\$794.75						The requestor is entitled to reimbursement of \$319.75 .

This Decision is hereby issued this 2nd day of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 21, 2003

Requester/ Respondent Address : Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-1007-01
IRO Certificate #: 5242

___ 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 proposed 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 chiropractor physician reviewer who is board certified in chiropractor. The chiropractor physician reviewer 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 case involves a claimant who was injured while on-the-job on _____. Allegedly, after the claimant was bending forward, performing tasks of his job, he experienced low back pain when he stood into an upright position. Initial examination presented normal neurological function and normal lumbar x-ray studies. The claimant was then diagnosed with a lumbar sprain/strain injury. Subsequent MRI and NCV studies were negative for any physical or functional neurological deficits.

Requested Service(s)

I have been asked to present a decision regarding the necessity of outpatient services, specifically work hardening, rendered to the claimant from 02/04/2002 through 03/28/2002.

Decision

Work hardening services rendered to claimant from 02/04/2002 through 03/28/02 were neither reasonable nor necessary.

Rationale/Basis for Decision

The claimant's diagnosis throughout the case was lumbar sprain/strain. The natural history (average healing time without care or therapy) for such a condition is 10 to 12 weeks. Adequate care or therapy should yield a healing time that occurs faster than the natural history. Based on the claimant's diagnosis, the natural history for that condition and the documentation presented, I see no objective rationale for any car or therapy, including work hardening, beyond 02/01/2002. Also, while the claimant's presentation does not support the need for MRI or NCV studies, the absence of positive findings with both of these studies removes any rationale for on-going care including work hardening. Finally, I must mention that, in review of all three FCE's performed on the claimant, the claimant's lumbar extension range of motion apparently worsened over the course of the work hardening regimen.

This decision by the IRO is deemed to be a TWCC decision and order.

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 21st day of March 2003.</p>
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