

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

SOAH DOCKET NO. 453-03-2991.M5

MDR Tracking Number: M5-03-1036-01

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 work hardening 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 work hardening 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 12/17/01 to 2/1/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 14, 2003

Re: IRO Case # M5-03-1036

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a

claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 39 year old male who felt an acute onset of sharp pain in his low back when he was lifting a 75 pound transmission on ____. He was treated conservatively with medications, physical therapy and epidural steroid injections without relief. An MRI of the lumbar spine showed a 3mm disk protrusion at L4-5 and a 2mm disk protrusion at L5-S1. Surgery, including an L5-S1 fusion and a L4 decompressive laminectomy was performed.

The patient's post operative rehabilitation included physical therapy from 7/18/01 to 8/9/01, with twelve additional sessions in October and November, 2001. The patient had a series of epidural steroid injections in December 2001 with a reported 50% decrease in pain. The patient apparently attempted to return to work, but was unable to do so because of an exacerbation of back pain. The patient's job as an auto mechanic was a heavy physical demand level job. An FCE on 12/13/01 showed the patient to be functioning at a light physical demand level. It was determined on 12/13/01 that the patient was at a very high risk of exacerbation of injury if he continued lifting at even a light physical demand level. On 12/17/01 the patient was enrolled into a work hardening program. An FCE on 2/4/02 showed that the patient was still functioning at a light physical demand level and still was at high risk of exacerbation of injury. It was recommended that the patient work at a light physical demand level job. The patient was offered a teaching job, which was a light demand level job.

Requested Service

Work Hardening program 12/17/01 – 2/1/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

A pre work hardening FCE identified limitations and deficits in the patient's range of motion, strength, endurance, and fitness level, which prevented him from returning to work.

But no documentation was presented for this review of the medical necessity of a multi disciplinary work hardening program. There was no documented need for psychological or vocational counseling. At the time of injury the patient was working at a heavy demand level job, and it was appropriate for him to undergo a single disciplinary work conditioning program in an effort to return him to work. If a work conditioning program were unsuccessful in returning the patient to work, no further physical therapy would be appropriate.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,
