

MDR Tracking Number: M5-03-1125-01

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, 2003 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 1/15/02 to 2/21/02 is denied and the Division declines to issue an Order in this dispute.

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

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

March 28, 2003

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

RE: MDR Tracking #: M5-03-1125-01
IRO Certificate #: IRO 4326

The ___ 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 patient sustained a work-related injury on ___ while working as a flight attendant. The patient injured her lumbar spine when she was pulling down a jump seat. Radiology reports of 10/30/01 revealed mild/moderate spondylosis in the lumbar spine. An MRI performed on 10/24/01 revealed a 1mm disc bulge at L4-5, evidence of a bulge at L5-S1, and facet arthrosis in the mid/upper lumbar spine. Nerve conduction velocity (NCV) evaluation on 11/14/01 showed no evidence of a cervical radiculopathy/entrapment neuropathy. NCV performed over the lower extremities on 12/18/01 showed no evidence of lumbar radiculopathy/entrapment. The patient was receiving active rehabilitation therapy and received work hardening services from 01/15/02 through 02/21/02.

Requested Service(s)

Work hardening from 01/15/02 through 02/21/02

Decision

It is determined that the work hardening from 01/15/02 through 02/21/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The functional capacity evaluation (FCE) performed on 01/15/02 does not warrant the application of a multidisciplinary treatment algorithm. The patient completed a course of active therapeutic rehabilitative applications from 11/30/01 through 12/27/01. The medical record documentation does not indicate a progression of care that has documented or addressed psychosocial issues prior to the 01/15/02 FCE. At the time of the 01/15/02 FCE, the patient had been under nearly 14 months of conservative management. It is reasonable for a spinal care practitioner to establish a functional baseline of data prior to and concluding therapeutic applications; allowing progress and/or lack of progress to be fully documented. It is this documentation that will allow additional therapeutic applications to be administered.

The medical record documentation does not show evidence of psychosocial factors that would warrant multidisciplinary treatment (work hardening) as opposed to a unidisciplinary treatment like work conditioning or even a home rehabilitation program. This is evident in a weekly case management summary of the week ending 01/18/02 when it was written that there was no extensive psychological evaluation planned. A psychological evaluation is a factor in establishing the true necessity of multidisciplinary treatment paradigms, like work hardening. Therefore, the work hardening from 01/15/02 through 02/21/02 was not medically necessary.

Sincerely,