

MDR Tracking Number: M5-03-1673-01

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.

On April 16, 2003, the requestor withdrew dates of service 4/15/02 to 5/3/02 from this medical dispute as previously submitted. Therefore these dates of service will not be reviewed further in this Finding and Decision.

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 work hardening program 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 program 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 4/1/02 to 4/12/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

July 9, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1673-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is a board certified physiatrist. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 49 year-old male who sustained a work related injury on ____. The patient reported that while at work he slipped and fell. The patient was diagnosed with lumbalgia and was treated conservatively. The patient did not respond to this treatment and was referred to another facility and began a work hardening program. The patient underwent an MRI on 8/27/01 and 6/19/02, X-Rays, and a nerve conduction study on 5/1/02. Conservative treatment included physical therapy. Surgical procedure on 7/3/02 included a posterior lumbar laminectomy with fusion and instrumentation, harvest of bone graft L4-L5 and L5-S1. The patient also began a work hardening program on 3/20/02 and continued it through 5/3/02.

Requested Services

Work Hardening Program from 4/1/02 through 4/12/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 49 year-old male who sustained a work related injury to his back on ____. The ___ physician reviewer also noted that the diagnoses for this patient's condition included lumbalgia. The ___ physician reviewer further noted that the treatment for this patient's condition included physical therapy and a posterior lumbar laminectomy with fusion and instrumentation, harvest of bone graft L4-L5 and L5-S1, and a work hardening program. The ___ physician reviewer indicated that this patient started a work hardening program on 3/20/02. The ___ physician reviewer explained that a review of the medical records provided of the physical/functional/cognitive treatment, indicated that the patient was not progressing in the program. The ___ physician reviewer indicated that the patient was getting worse. The ___ physician reviewer also indicated that the behavioral treatments also document continued pain at same or worse intensity and the inability to sleep. The ___ physician reviewer explained that there was no improvement in the patient's condition with the work hardening program. Therefore, the ___ physician consultant concluded that the work hardening program from 4/1/02 through 4/12/02 was not medically necessary to treat this patient's condition.

Sincerely,