

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

SOAH DOCKET NO. 453-03-3985.M5

MDR Tracking Number: M5-03-1736-01

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 **or 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 the medical services and work hardening program were 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 Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The medical services and work hardening program were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges. As the treatment was not found to be medically necessary, reimbursement for dates of service from 5-8-02 through 6-21-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 6, 2003

Re: IRO Case # M5-03-1736-01

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, Rule133.308 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 Neurological Surgery. 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 ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 25-year-old male who on ___ was lifting a CO2 tank and developed pain in his back that soon extended into his right buttock and right thigh, with intermittent numbness and tingling in his right lower extremity. He was treated with physical therapy and put on light duty, but he did not improve. An MRI on 9/20/00 showed a small central protrusion at L4-5 with only questionable nerve root impingement, and less than a small change at L5-S1. Nothing surgical was seen. The patient was treated with more physical therapy, epidural steroid injections and lysis of adhesions without benefit. Nothing surgical was found on discographic evaluation on 5/6/01. A work hardening program was recommended.

It is noted that the patient missed many of his scheduled visits, and in one week attended only two of five scheduled sessions. In the first two weeks of the program, the patient misses two scheduled sessions each week.

Requested Service(s)

Work Hardening Program 5/8/02 –6/21/02

Decision

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

Rationale

Work hardening programs are not as successful as one would like them to be, especially, as in this case, when the patient misses a number of sessions, and when the physical activity is not targeted to clear specific problems related to a particular job. The program certainly should have been discontinued when it was determined that the patient's need to care for his wife and son interfered with his attendance.

That was obviously apparent in the first week or two of the program, and this situation should have been noted before the program was instituted. In addition, the patient had had extensive therapy prior to initiation of the program. The documents presented for this review do not indicate the necessity of a multi disciplinary program.

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

Sincerely,
