

MDR Tracking Number: M5-03-1811-01

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 requestor verified that date of service 3/26/02 was paid by carrier, therefore no longer a disputed date of service and will not be addressed 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/conditioning program (3/27/02 – 4/9/02) 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/conditioning 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 3/27/02 to 4/9/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23<sup>rd</sup> day of June 2003.

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

June 6, 2003

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-1811-01**

\_\_\_ 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 board certified in physical medicine and rehabilitation. 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 female who sustained a work related injury on \_\_\_\_. The patient reported that while at work she was lifting heavy items when she twisted her low back. The patient was initially treated with activity modification, medications and physical therapy. The patient underwent an MRI that showed degenerative disc disease with permeation at L4-L5. The patient then underwent a partial laminectomy at L4-L5 bilaterally with foraminotomy. The patient experienced an exacerbation and underwent a second surgery. The patient attended a work conditioning program post surgery.

#### Requested Services

Work Hardening Program from 3/27/02 through 4/9/02.

#### 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 \_\_\_ chiropractor reviewer noted that this case concerns a female who sustained a work related injury to her back on \_\_\_\_. The \_\_\_ physician reviewer also noted that the diagnoses for this patient included degenerative disc disease with permeation at L4-L5. The \_\_\_ physician reviewer further noted that the patient had undergone a partial laminectomy at L4-L5 bilaterally with foraminotomy. The \_\_\_ physician reviewer indicated that this patient had experienced an exacerbation and underwent a second surgery. The \_\_\_ physician reviewer noted that the patient attended a work conditioning program post surgery. The \_\_\_ physician reviewer explained that the initial evaluation on 3/26/02 established that the patient was at "medium" work capacity (which is what she was to return to). The \_\_\_ physician reviewer also explained that the patient needed to work on improving standing/sitting tolerance and improving endurance. The \_\_\_ physician reviewer indicated that the patient had functional range of motion and strength. The \_\_\_ physician reviewer explained that the patient could work on her own doing traditional aerobic exercises/swimming to improve tolerance and endurance. The \_\_\_ physician reviewer also explained that this patient did not require a work hardening program. Therefore, the \_\_\_ physician consultant concluded that the work hardening program from 3/27/02 through 4/9/02 was not medically necessary to treat this patient's condition.

Sincerely,