

MDR Tracking Number: M5-03-1929-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 work hardening program on 9-30-02 through 10-11-02 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

The above Findings and Decision are hereby issued this 3rd day of July 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 9-30-02 through 10-11-02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 3rd day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dzt

June 26, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1929-01

___ 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 chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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 ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 50 year-old female who sustained a work related injury on ___. The patient reported that while at work she leaned back in her chair and it collapsed resulting in neck and low back injuries. The patient underwent an MRI that showed a 3-4 mm disc herniation at C5-6 with dural sac deformity. The diagnoses for this patient included cervical IVD syndrome with radiculitis and thoracic sprain/strain. Treatment for this patient included facet injections and lumbar epidural steroid injection, work hardening and oral medications.

Requested Services

Work Hardening program from 9/30/02 through 10/11/02

Decision

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

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 50 year-old female who sustained a work related injury to her neck and low back on ___. The ___ chiropractor reviewer also noted that the diagnoses for this patient included cervical IVD syndrome with radiculitis and thoracic sprain/strain. The ___ chiropractor reviewer further noted that the patient was treated with facet injection and lumbar

epidural steroid injections, a work hardening program and oral medications. The ___ chiropractor reviewer indicated that the treating facility followed the proper protocol in analyzing the patient and discovering that she was unable to perform at the work level required for her job. The ___ chiropractor reviewer also indicated that there was a treatment plan for work hardening outlined that would ultimately allow the patient to return to work. The ___ chiropractor reviewer explained that the ultimate outcome was to try to return this patient back to her job at pre-accident status. The ___ chiropractor reviewer noted that the patient did return to work, however this patient still experienced residual problems. The ___ chiropractor reviewer explained that the treatment rendered to this patient followed the standard guidelines. The ___ chiropractor reviewer indicated that the treatment plan called for four weeks of work hardening, however it was stopped after three weeks. The ___ chiropractor reviewer explained that work hardening is an excellent way to transition a worker back to work after a long lay off (10 months in this patient's case) to avoid re-aggravation and re-injury. Therefore, the ___ chiropractor consultant concluded that the work hardening program from 9/30/02 through 10/11/02 was medically necessary to treat this patient's condition.

Sincerely,