

MDR: Tracking Number M5-03-1933-01

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 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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 FCE was found to be medically necessary. The work hardening treatment/services rendered were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these FCE charges.

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 8/19/02 through 9/27/02 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 15th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/cl

July 11, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1933-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant

medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This female claimant injured the lumbar spine in a work-related accident on ____. She received an initial course of physical therapy and chiropractic applications. MRI of the lumbar spine on 06/08/00 revealed L3-4, L4-5, and L5-S1 2.0 mm broad-based annular disc bulge slightly effacing the thecal sac. Lumbar discogram on 12/22/00 was negative over L3-4, L4-5, and L5-S1. Lumbar epidural steroid injections were performed on 07/14/00 and on 07/28/00. Functional Capacity Evaluations (FCE) were performed on 08/12/02 and on 09/25/02, which revealed no significant improvement in the patient's physical demand level (PDL), which remained sedentary. Work hardening applications were applied from 08/19/02 through 09/12/02 (nine sessions).

Disputed Services:

Work hardening program from 08/19/02 through 09/12/02, and FCE on 09/27/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion the work hardening program was not medically necessary. The Functional Capacity Evaluation on 09/27/02 was medically necessary in this case.

Rationale:

The data submitted does not warrant the patient's progression to an upper level of care with a behavioral component like a work hardening program. However, the provider's implementation of an FCE is important in establishing a functional baseline.

No rationale was provided for transition of this patient to a multi-disciplinary work hardening program. She has undergone a myriad of therapeutic applications with no observed effect on the patient's condition. The patient was not placed at Maximum Medical Improvement (MMI) in a designated doctor evaluation on 11/17/00.

At this point, it would be appropriate for a neuropsychological baseline to be collected. If the patient qualifies, then activation of a chronic pain management program may be warranted. However, the patient's lack of compliance with the prior therapeutic application may not warrant this progression.

The aforementioned information has been taken from the following references and clinical practice guidelines:

- *Clinical Practice Guideline for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach*. J. Back Musculoskeletal Rehabil., 1999, Jan 1, 13:47-58.
- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice*. Washington State Chiropractic Association; 2001, 54p.

- *Unremitting Low Back Pain, North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Care Specialists.* North American Spine Society; 2000, 96p.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,