

MDR Tracking Number: M5-03-2112-01

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 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 adverse determination that the work hardening treatments and services were not found to be 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 the work hardening treatments and services 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 10/9/01 through 11/16/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1<sup>st</sup> day of July 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

June 27, 2003

**Re: IRO Case # M5-03-2112-01**

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, Rule 133.308 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 27-year-old male who developed back pain while digging a ditch on \_\_\_. He was given chiropractic treatment and physical therapy without success.

An MRI of the lumbar spine showed L4-5 disk herniation, and EMG findings showed L5 nerve root compression evidence that corresponded to the MRI findings. Epidural steroid injections were helpful, but only transiently, and the patient's discomfort continued. Surgery was suggested, but was not performed. The patient participated in a work hardening program 10/9/01 – 11/16/01 with no benefit.

Requested Service(s)

Work hardening treatments and services 10/9/01 – 11/16/01

Decision

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

Rationale

Patients with surgical lumbar spine pathology and nerve root compression secondary to those changes should not be subjected to a work hardening program. Such a program could make surgery more likely, especially if the patient's pain increased during the program, as apparently happened in this patient's case.

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

Sincerely,

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