

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

SOAH DOCKET NO. 453-04-0784.M5

MDR Tracking Number: M5-03-2855-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on June 16, 2003.

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 program 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 fees were the only fees involved in the medical dispute to be resolved. As work hardening program was not found to be medically necessary, reimbursement for dates of service from 6/25/02 through 7/5/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

September 3, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking # M5-03-2855-01
 IRO Certificate # IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties

referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in family practice which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a back injury on ___ while lowering a trailer that had a defective landing gear. He attended physical therapy and tried returning to work but was limited due to pain. An MRI revealed a herniated disc at L4-5 and had a nerve block and epidural steroid injections which gave him some pain relief. The patient began a work hardening program and eventually returned to work.

Requested Service(s)

Work hardening program from 06/25/02 through 07/05/02

Decision

It is determined that the work hardening program from 06/25/02 through 07/05/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The work hardening program notes the patient showed improvement but required two additional weeks of rehabilitation to assure the patient would not relapse. With the improvement that was noted, the additional weeks were not medically necessary especially with the extensive physical therapy the patient had prior to the program.

The patient did not have a surgical condition but will have problems in the future if he works at the previous work limits and must reduce work stressors (e.g. lifting, twisting, and carrying large objects). He will never be able to return to his old job type tasks even with years of work hardening. He was given adequate work hardening rehabilitation for his sustained on the job injury. Therefore, it is determined that the work hardening program from 06/25/02 through 07/05/02 was not medically necessary.

Sincerely,