

June 16, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-05-1664-01

CLIENT TRACKING NUMBER: M2-05-1664-01 5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

FROM THE STATE:

Notification of IRO assignment dated 5/17/05 1 page

Texas Workers Compensation Commission form dated 5/17/05 1 page

Medical dispute resolution request/response form 2 pages

Table of disputed services 1 page

Provider sheet 1 page

Zurich non-authorization notice dated 3/3/05 2 pages

Zurich non-authorization after reconsideration notice dated 4/15/05 2 pages

FROM THE REQUESTOR:

Report of clinical interview dated 2/17/05 4 pages

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Functional Capacity Evaluation dated 2/24/05 31 pages  
Letter from Dr. Anchondo, MD 1 page  
Letter from Dr. Anchondo, MD 1 page  
Operative report dated 10/11/04 2 pages  
Medical narrative dated 9/20/04 2 pages  
Letter from Dr. Anchondo, MD 1 page  
Letter from Dr. Anchondo, MD 2 pages  
Letter from Dr. Anchondo, MD 3 pages  
Nerve conduction and needle EMG studies report dated 5/8/03 1 page  
MRI cervical spine report dated 3/16/04 2 pages  
Letter from Dr. Anchondo, MD 1 page  
Clinical history notes 5 pages  
Letter from Dr. Bloom, MD dated 3/2/05 3 pages  
TWCC Report of Medical Evaluation 1 page  
Cervical range of motion report dated 3/2/05 1 page  
Report of medical evaluation dated 5/11/05 2 pages  
Right upper extremity impairment evaluation record dated 5/11/05 3 pages

FROM THE RESPONDENT:

Letter from Charles C. Finch, dated 5/24/05 2 pages  
Description of services 1 page  
Copy of check from Zurich dated 6/9/05 1 page

**Summary of Treatment/Case History:**

This 66 year old gentleman allegedly made contact with some sort of heavy equipment, bending his head sideways, on \_\_\_\_\_. The history is unclear as to whether this equipment fell on him or he ran into it. He reports that his head and shoulder were injured at the time of the incident.

Mr \_\_\_\_ apparently received conservative treatment with physical therapy for a year and a half prior to receiving an MRI scan on 3/16/04. He underwent a multiple level anterior discectomy and fusion on 10/11/04.

**Questions for Review:**

1. Items in dispute: Please address prospective medical necessity of the proposed work hardening, regarding the above mentioned injured worker.

**Explanation of Findings:**

The findings suggest that this gentleman is two and a half years post injury. He has had extensive conservative treatment with therapy and subsequent surgical intervention with multiple level fusions in the cervical spine. There is no documentation that this gentleman has had any improvement with any of the treatments that have been rendered. His current treating physician, Dr. Wilkerson, is requesting work hardening, but the purpose of the work hardening is unclear, particularly in view of the failure of previous treatments supplied.

**Conclusion/Decision to Not Certify:**

1. Items in dispute: Please address prospective medical necessity of the proposed work hardening, regarding the above mentioned injured worker.

At this point, a work hardening program would not be considered useful, productive or medically necessary in the case of \_\_\_\_.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

The ACOEM Clinical Practice Guidelines, Second Edition, page 11, indicate that work hardening might be of some value in some cases, but not for all purposes, and certainly not when it comes to the cervical spine or when prior conservative treatment has been unsuccessful.

A search of Medscape review articles turned up an abstract from the Cochrane database on the subjects of work hardening, work conditioning, and functional restoration for workers with back and neck pain, from the Cochrane database dated July 2002. The findings suggest some benefit in reducing the number of sick days for "some workers" with chronic back pain, but this would be highly unlikely in a patient with a 2 ½ year history of no response to physical therapy.

Overall, there is very limited evidence that has been produced in reference to work hardening.

**References Used in Support of Decision:**

See above.

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The physician who provided this review is a Diplomate of the American Academy of Pain Management, board certified in Physical Medicine and Rehabilitation and Occupational Medicine. This reviewer is a member of the American College of Occupational & Environmental Medicine, the American Association of Electrodiagnostic Medicine, the Wilderness Medical Society, the American Academy of Pain Management and the American Board of Independent Medical Examiners. This reviewer has authored numerous publications and done numerous presentations within their field. This review has been in active practice since 1978.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

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If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
POB 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Requestor: Long PT Medical Clinic  
Respondent: Zurich c/o FOL