

IRO America Inc.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request IRO form, Online IRO request, 3-22-2007 Request for IRO, Letter TASB 3-14-2007, 3-09-2007, notice of IRO 3-27-2007, Letter TASB 3-26-2007, 3-14-2007, 3-15-2007,3-09-2007, Pre-auth request DC no dated, MRI lumbar spine 10-19-2006, Pre-auth request Baker DC EMS, DC prescription for procedures 3-05-3007, Daily SOAP notes DC 8-06 through 3-07, DWC-73 work status from dated 8-18-2006, 9-29-2006, 10-27-2006, 11-17-2006, 12-15-2006, 1-19-2007, 2-23-2007, 3-23-2007 Exam DC 8-18-2006, 9-29-2006, 10-27-2006, 11-17-2006, 12-15-2006, 1-19-2007, 2-23-2007, 3-23-2007, Bill for MRI lumbar spine, 8-4-2006 x-ray request, Diagnosis sheet

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was involved in an occupational injury and injured his low back when moving some desks. The injured employee sought treatment with Dr. on 8-18-2006. On 10-19-2006, MRI of the lumbar spine was performed. Records appear to indicate that the claimant underwent about 26 sessions of care with Dr. from 8-28-2006 through 3-23-2007. The injured employee has been working on

light duty since his accident. Records appear to indicate that the injured employee re-injured his back by picking up something in March 2007.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

There is lack of medical documentation to support the additional requested treatment that exceeds the recommended guidelines. The injured employee has been treated for about 10 months and underwent a minimum of 21+ sessions of care. The injured employee has been working on light duty since his injury. This request exceeds the recommendations of the ODG.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)