

IRO NOTICE OF DECISION – WC

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DATE OF REVIEW: 04-01-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Interdisciplinary Functional Restoration Program, Continuation for 13 visits

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

Certified by the American Board of Orthopaedic Surgery
General Certificate in Orthopaedic Surgery

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.

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld Overturn
		Prospective	846.0	97799	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Notifications dated 02-12-07, 03-05-07, and 03-15-07

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Designated Doctor Medical Evaluation dated 10-20-06 and Addendum Report dated 12-29-06

Quantitative Functional Evaluation Summary dated 01-18-07
Notice of Disputed Issue(s) and Refusal to Pay Benefits dated 01-19-07
Benefit Review Conference Report dated 03-13-07
Benefit Review Conference Officer's Report 03-19-07
Mental Health Evaluation dated 01-19-07
Physician Reconsideration Letters dated 01-31-07 and 03-07-07
Physician Concurrent Reviewer letter of 02-27-07
Physician Extended Telephone Conference dated 01-30-07
Physician Treatment Denial letter of 03-20-07
Physician Reports dated 01-19-07 and 02-23-07
Physician letter of 03-30-07

PATIENT CLINICAL HISTORY [SUMMARY]:

This female injured her back at work. She complained of left leg pain and was evaluated that same day and was diagnosed as having lumbar sacral strain. A lumbar x-ray was reported as normal and she worked for about one week but the initial treatment was unclear. An MRI of the lumbar spine was done 9-2006 revealed 2mm generalized bulging of the annulus fibrosus at the L4-L5 level with narrowing at both neuro foramina. An independent musculoskeletal disability examination was performed on 10-20-06 reported a diagnosis of lumbar strain with no disability as the patient had reached maximum improvement. However, following a physician examination on 01-16-07, the diagnosis was changed to chronic pain syndrome due to L4 facet arthropathy and degenerative disc disease. The treating physician recommended an interdisciplinary evaluation and treatment program to reduce pain and improve function. The physician re-evaluated the patient after 10 such sessions stating that she made good initial progress and recommended 13 additional sessions, which was denied.

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

I agree that from the records and extensive reviewer determination report of 3-15-07 that no further sessions are needed for this patient. Moreover, it seems that a home program is indicated.

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)**