

IRO REVIEWER REPORT - WC

DATE OF REVIEW: 04-19-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program – 20 sessions

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

Certified by The American Board of Family Practice
General Certificate in Family Practice

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 Number	Review Type	ICD-9 DSMV	HCPCS/ NDC	Service Units	Upheld Overturn
		Prospective	724.2	97545	20	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Denial Notice dated 03-06-07 and 03-29-07
- Pre-Authorization Request for Work Hardening (Rationale/Medical Necessity)
- Patient Profile
- Soap Notes 02-02-07
- Physician Prescription for hardening program 02-02-07
- Final Report – MRI of the lumbar Spine 11-07-06

Functional Capacity Evaluation 01-29-07

Behavioral Assessment / Medical Stability Assessment 01-29-07

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker (IW) was initially seen by physician and diagnosed with a lumbar strain and lumbago. The IW was given medications and a home exercise program from 09-28-06 thru 10-26-06. Apparently, he did not get better and required care with subsequent treating staff. An MRI of the lumbar spine was done on 11-07-06. After specialty consultations, the treating physician recommended a work hardening program as best course of action.

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

The medical necessity for a 20-session “work hardening” program following a back injury at work is reviewed. I find no medical need for this type of program, given the patient’s condition, which showed a small herniation of L5-S1 disk, as found on an MRI study done on 11-07-06. The patient was still having pain, and limitation of his back function upon evaluation by the provider on 01-07-07, about 14 weeks following the injury.

Although a three-month time frame is more than that which would be expected for recovery from a back sprain, in view of the IW’s disc herniation, more time at rest is indicated with back exercises compatible with his ability to perform them. I do not find that a “work-hardening” program at this point in time would speed this injured worker’s recovery.

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)**