



REVIEWER'S REPORT

DATE OF REVIEW: 4/11/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

10 sessions of work hardening

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Chiropractor licensed in the state of Texas with special qualifications in pain management.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW

1. URA reports, February 13 and March 15, 2007
2. Pain and Recovery Clinic records February 2nd through 9th, 2007
3. Office notes of MD, orthopedic surgeon from August 4th, 2006 to December 11th, 2006
4. MRI dated July 20, 2006

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient's records indicate that he was laying down heavy pipe when he twisted his low back and had a sudden onset of severe pain in the low back and right lower extremity. He was treated with conservative therapies and eventually had a series of ESI's performed by Dr.. The object of contention of this dispute seems to be whether the patient actually needs work hardening or another type of rehabilitation. A Functional

Capacity Evaluation was performed in February of 2007 by the treating doctor and it demonstrated an ability to lift in the light/medium category. The patient's job requirement is heavy lifting.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The FCE is the main basis of the decision in this review. The patient gave what seemed to be good effort and was not found to be magnifying his symptoms on the FCE. The carrier's first reviewer did not approve of the WH program because there was no history of PT and work conditioning, but the second reviewer objected to the program because there was too much care rendered in accordance with the ACOEM guidelines. The second reviewer also stated that the FCE was not a reliable indicator of when work hardening was necessary because of its lack of predictability for the patient to actually perform work. I found these two reasons not only conflicting, but rather unusual. It is especially unusual to hear that a FCE is not a reliable indicator of a patient's ability to work. The FCE is the standard accepted by all sources known to the reviewer for the purpose of assessing a patient's condition. The FCE clearly demonstrates a lack of ability by the patient to perform those duties. Dr.'s work on this case has been conservatively comprehensive, as the patient seems to not be a surgical candidate. Work hardening is an appropriate program for a patient with this large of a deficit and it is not unreasonable to perform 2 weeks of work hardening at 10 visits with the goal of a full duty return to work.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

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