

DATE OF REVIEW: 4/18/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening.

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

This case was reviewed by a practicing physician who is board certified in physical medicine and rehabilitation on the external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Dx Code</i>	<i>Service Being Denied</i>	<i>Type Review</i>	<i>Units</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
8472	97545	Retro	30	9/18/06-10/27/06	\$3840.00			Upheld
8472	97546	Retro	177	9/18/06-10/27/06	\$11328.00			Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 3/19/07
2. Determination Notices – 11/16/06, 12/8/06, 12/26/06

3. Inc. Reviews – 11/13/06
4. Claim Forms for Services - 9/18/06-10/27/06
5. Records – 5/12/06-11/7/06
6. Radiological Association Records – 8/7/06
7. Center Records and Correspondence – 9/5/06-11/2/06
8. Records and Correspondence – 7/7/06
9. Record and Correspondence – 6/27/06

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury. Records indicate that while loading a machine at work in a stooped over position, he twisted from side to side and felt pain in his back. Diagnoses have included adjustment disorder and lumbar pain. Evaluation and treatment for this injury has included medications, and physical therapy.

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

This case concerns an adult male who sustained a work related injury to his while loading a machine at work. The patient had been treated with muscle relaxants, non-steroidal anti inflammatory medications, a Medrol dose pack, and manipulation. He was to have restrictions at work. He was seen by a designated doctor for evaluation on 7/7/06 and was reported to be able to perform his duties to normal capacity at work. He was seen on 8/7/06 and was noted to have L5-S1 spondylothesis, fairly good range of motion in the lumbar spine, and straight leg raises to 90 degrees bilaterally. He was diagnosed with lumbar strain, sacral strain and spondylothesis. At this point he was referred for work hardening. There is no evidence to indicate the patient was treated with any traditional physical therapy as part of his treatment related to the work. A trial of traditional physical therapy was indicated prior to initiating work hardening program in this case.

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)**