

REVIEWER'S REPORT

DATE OF REVIEW: 03/30/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

HCPCS/NDC Code 99213 on 10/31/06.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Board Certified by American Board of Physical Medicine and Rehabilitation

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. Adverse determination letter
2. Appeal reconsideration resolution letter
3. Patient-injured employee IRO request form
4. Company request for IRO form
5. Signed confirmation page
6. Treating physician's medical records
7. Peer reviews
8. Functional capacity evaluation

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant was lifting spool pieces on as well as carrying them across gravel with a co-worker. The co-worker stumbled, releasing his end, and the claimant reported immediate pain in the midback radiating into his low back. He was subsequently given conservative management for his injury.

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

The claimant sustained a thoracic injury. Although it was classified as a sprain/strain, imaging reports indicate disc pathology at 2 levels in the thoracic spine. Either one of these could well be responsible for chronic pain developing at those sites. Additionally, facet arthropathy is well documented by the International Spine Intervention Society as having no particular imaging correlates. With the mechanism of injury described, it is possible that the examinee sustained a facet arthropathy, which became chronic, as well. Although he was found to be at maximum medical improvement, that only denotes stability of symptoms with lack of future improvement of any consequence expected. (It does not preclude further treatment for a work-related injury, nor should treatment be withheld on the basis of MMI having been assigned.) This claimant deserves all necessary conservative therapy for the ongoing treatment of the symptoms related to this injury. Management with appropriate medications including opiates, muscle relaxants, and anti-inflammatory medications is entirely appropriate. Physician office visits to prescribe, evaluate, and monitor these medications likewise are appropriate at an interval of every month if desired by the treating physician.

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 (International Spine Intervention Society).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)