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Notice of Independent Review Decision

**DATE OF REVIEW: 8/22/07****IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Ten (10) sessions of work conditioning.

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

This case was reviewed by a board certified chiropractor on the MAXIMUS 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>HCPCS/ NDC</i>	<i>Units</i>	<i>Begin/End Date</i>	<i>Type Review</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
722.10	97545			Prospective				Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for Independent Review by an Independent Review Organization forms – 8/3/07
2. Determination Notices – 6/26/07, 7/19/07
3. Records and Correspondence from County Healthcare Systems – 1/24/06-7/10/07
4. Records and Correspondence from Healthcare System – 6/20/07-6/21/07
5. Records and Correspondence – 6/12/07

**PATIENT CLINICAL HISTORY:**

This case concerns an adult female who sustained a work related injury on xx/xx/xx. Records indicate the member sustained injury to her back while lifting a patient from her bed. Records noted she felt and heard a pop in her lower back. Diagnoses have included chronic pain syndrome. Evaluation and treatment for this injury has included surgeries, ice therapy, physical therapy, x-rays, and MRIs.

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

This patient had surgery on her low back over 7 ½ years ago. She has never been back to work. It appears she has already had post surgical care with a poor outcome. It is very unlikely that a work hardening program 8 hours per day for 2 weeks would change her condition or ability to return to work. Currently, she has a modified and relatively sedentary lifestyle and the idea of returning her back to her previous job or similar job is not realistic unless it was a sedentary job that met her current disability status. After 2 years of not working, over 95% of people never return to the work force. That is most likely the case with this patient. The Official Disability Guidelines do not support work hardening after 2 years of disability. Therefore, it has been determined that the requested ten (10) sessions of work conditioning are not medically necessary for treatment of this patient's condition.

**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)**