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IRO America, Inc.

DATE OF REVIEW:

8-14-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Therapeutic Exercises

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

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request IRO form, IRO request and forms, MDR Request, Letter 6-24-2007, Carrier Letter 5-23-2007 and 6-15-2007, Rehab Letter – request for IRO dated 7-16-2007, Medical letter Dr. DO, Reconsideration for PT Dr 4-7-2007, Initial report Dr. 5-16-2007, Subsequent OV Dr. 6-19-2007, MRI report lumbar spine 11-13-2006, medical records, Clinic initial report

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, the injured employee was drilling a piece of metal and injured his low back. He was transported to where he underwent an initial work-up, was prescribed medication, therapy and an injection. The injured employee was assessed at MMI and assigned a 0%. On 11-13-2006, MRI of the lumbar spine was performed and revealed disc bulges and DDD. On 01-11-2007, the injured employee was seen by Dr., who recommended LESI as they helped in 2005. On 1-22-2007, the injured employee was seen by Dr., who did not find any motor or neurological deficits and recommended a HEP.

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

The injured employee is almost xx year post injury and has received 6 sessions of therapy, medication, and has been performing a home exercise program. Records reflect that the injured employee has seen several other providers for his low back pain. The injured employee has been assessed at MMI and assigned an IR of 0%. In view of the fact that the condition has been worsening it would be appropriate to determine the source of pain and to determine why symptoms have continued for almost xx year. It is also noted that the injured employee has DDD in the lumbar spine. The injured employee does not meet the current ODG recommendation/criteria, as physical therapy is recommended for 12 sessions over 8 weeks.

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
- AHCP- 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)