

IRO America Inc.

7301 Ranch Rd 620 N, Suite 155-199

Austin, TX 78726

Phone: 512-266-5815

Fax: 512-692-2924

DATE OF REVIEW:

8-13-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Conditioning Lumbar 5x a week for 4 weeks

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

Certified Chiropractor

AADEP Certified

Whole Person Certified

DWC 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

IRO request and forms, MDR Request, report 5-25-2007, 6-22-2007, LOMN for WC program Dr. dated 7-25-2007, 6-15-2007, PPE/FCE reports 5-10-2007, operative report 2-07-2007, 7-07-2006 operative report, OV reports Dr. 9-05-2006, 7-18-2006, 6-20-2006, 12-27-2005, MRI 8-01-2005, EMG/NCV 10-14-2005, Medical report Dr. 8-11-2005, 5-12-2005, 9-22-2005, report 9-14-2005, initial MPT 3-24-2005, Medical reports 2-04-2005, X-rays lumbar 4-17-2007, MRI cervical and lumbar spine 7-29-2005, Subsequent report 11-10-2005, 9-28-2005, 09-07-2005, Dr., report Dr. 10-24-2005, medical reports Dr. 7-06-2005, 5-27-2005, 5-03-2006, 12-04-2006, FCE/PPE 12-04-2006, FCE/PPE 9-13-2006, 12-04-2006, 6-09-200, 3-21-2006, 4-24-2006, 2-16-2006, 10-28-2005, 5-10-2007, 5-15-2007, 6-19-2007, Medical reports SOAP associated DOS

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injured on xx/xx/xx while pushing a cart of wet uniforms. The injured employee was referred to the company doctor. The injured employee underwent diagnostics and eventually

underwent a lumbar decompression laminectomy on 7-07-2006 with a follow-up surgery on 02-07-2007 for instrumentation removal. The injured employee has completed 34 sessions of therapy. The injured employee has been off work for over two years.

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

The injured employee does not meet the required guidelines for a Work Hardening program according to the ODG Admission Criteria. The injured employee does not “have a return to work goal agreed to by the employer and employee” and the “worker must be no more than 2 years past date of injury” as workers that have not returned to work by two years post injury may not benefit.

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)