

Lumetra

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One Sansome Street, Suite 600
San Francisco, CA 94104-4448

415.677.2000 Phone
415.677.2195 Fax
www.lumetra.com

DATE OF REVIEW: 08-16-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten (10) sessions of Work Hardening Program

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

Diplomate, American Chiropractic Academy of Neurology
Diplomate, American Academy of Pain Management
Eligible, American Board of Chiropractic Orthopedics
Certified, Traffic Accident Reconstructionist
Certified, Manipulation Under Anesthesia
Qualified Medical Evaluator

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)

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Upheld/Overturn
		Prospective	722.0 784.0 847.0 873.0	97546	Upheld
		Prospective	722.0 784.0 847.0 873.0	97545	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letter dated 6-27-07 & 7-19-07
Physician Assessment & Recommendations dated 9-21-06
Pre-certification request / Doctor's prescription dated 6-20-07
Request for an appeal dated 7-9-07
Summary page from 5-15-07 initial requests for work conditioning
Functional Capacity Evaluation (FCE) dated 6-18-07
Daily Program Progress & Symptoms Report dated 6-08-07
Designated Doctor's Evaluation (DDE) dated 3-29-07

PATIENT CLINICAL HISTORY:

This injured worker fell about 12 feet while working, sustaining injuries on his face, teeth and mouth as well as complaints of neck and back pain. There is injury to his left wrist, neck and back. He has had evaluation and treatment of nasal septal fractures as well as facial fractures and injuries. He has had extensive dental treatments.

The Reviewer reviewed the independent medical evaluation from 9-21-06, including records review from the date of injury. Also noted is a physician peer review of 6-6-06, which shed some light on his recent reconsideration denial, in which the peer reviewer noted, "Additional chiro care and/or PT would appear to be a waste of medical resources as physical status improvement appears to be at a standstill with those types of maneuvers...As early return to work date would be the best psychotherapy." After that time, however, the records submitted do not reflect any such transition to, or any simple instruction in, any self-directed home care measures, including basic stretching and strengthening exercises. It also does not appear that claimant has returned to work, even in a modified capacity.

Nearly 3 months after the 6-6-06 peer review, the 8-27-06 peer reviewer noted that the claimant "should have completed PT to the cervical spine and left wrist, and then should be on a Home Exercise Program....There was no structural damage to the cervical spine either on MRI or physical exam that would be related to the work injury of 3-8-06." And exactly one year after the 6-6-06-peer review, treating practitioner's 6-8-07 Work Conditioning progress note documented the claimant's submaximal efforts exerted to benefit from his rehabilitation program, and his noted moderate pain behaviors were also noted to be limiting his functional restoration. This was also noted 10 days later in the 6-18-07 FCE, in which the treating practitioner reported that the claimant had made only "mild improvement in the last 10 sessions due to the degree of pain and functional disability. The claimant continues to take the maximum amount of pain medication allowed."

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

The Reviewer upheld the initial denial determination. From the documentation submitted, there is no indication the claimant will be reducing his pain medications in the near future, and he apparently will continue to exhibit moderate pain behavior even while taking maximum dosage. While the treating practitioner labels the claimant's progress "mild," the Reviewer would tend to concur with the 6-6-06 peer review that the claimant's response to prior Work Conditioning sessions "remains rather poor," and, at this rate, there is little likelihood of the claimant's being able to return to work at anywhere close to his prior level of ability anytime soon, with or without work conditioning.

Therefore, in the opinion of the Reviewer, continuing to provide even more of the same treatment would not be reasonably expected to provide a different or better outcome at this late date. Still further, the ACOEM Guidelines (pp. 43-45, 77, 90-92, 113-115, 166, 174, 175, 182, 188), the Official Disability Guidelines 10th edition (pp. 1109-1110, 1420, et seq.), and the ODG-TWC 2005 edition (pp. 863-865, 882), state and reference that if any individual's restoration is insignificant in relation to the extent and duration of the work conditioning services required to achieve such potential and restoration, then the services are not considered reasonable or necessary. Further, the records do not show any objective functional improvement or show progression toward a self-directed care program (ODG-TWC pp. 982, 991, 995). Evidence of objective functional improvement is essential to establishing reasonableness and necessity of care. Progression toward a self directed care program and maximizing activity tolerance (ACOEM pg.92) are best practices and reduce somatization and physician dependence (ACOEM pg. 49; Mercy 119-122; InterQual 120).

Lumetra's Physician Reviewer has no known conflicts of interest in this case, pursuant to the Insurance Code Article 21.58A (Chapter 4201 effective April 1, 2007), Labor Code § 413.032, and § 12.203 of this title.

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)**