

**DATE OF REVIEW:** 2/6/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Work conditioning every day for 4 weeks

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

Board Certified Medical Doctor

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

X Partially Overturned (Agree in part/Disagree in part)  
[Certify 10 sessions work conditioning](#)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Physical Rehabilitation Evaluation
- Behavioral Screening Assessment
- Work Hardening report 9/11/06 to 9/15/06
- SRS denial letters
- Rehab letters and clinical notes
- TDI-MROT paperwork
- MRI report dated 7/19/05
- Electrodiagnostic studies dated 7/19/05 and 12/13/05
- Arthrogram 10/26/05
- Progress notes from
- Job description
- clinical notes
- FCE dated 9/5/06

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient incurred work related injury on. She had exhaustive evaluation and treatment including rest, ice, heat, medication, physical therapy, two surgeries, steroid injections, and a work hardening program. Patient continues to have pain.

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

PATIENT CONTINUES TO HAVE PAIN AND LIMITATIONS FROM A COMPENSABLE INJURY ON. RECORDS SUBMITTED DOCUMENT SUBJECTIVE AND OBJECTIVE EVIDENCE TO SUPPORT THE PATIENT'S COMPLAINTS. A WEEKLY PROGRESS NOTE FOR A WORK HARDENING PROGRAM FROM 9/11/06 TO 9/15/06 SHOWS IMPROVEMENT. A TRIAL OF 10 SESSIONS OF WORK CONDITIONING IS CERTAINLY REASONABLE AND MEDICALLY NECESSARY TO DOCUMENT ANY IMPROVEMENT OF THE PATIENT'S SYMPTOMS OR IF SHE HAS REACHED MMI. ALTHOUGH SHE IS OVER 2 YEARS OUT FROM HER ORIGINAL INJURY, SHE HAS HAD A COMPLICATED AND PROTRACTED COURSE INCLUDING CONSERVATIVE TREATMENTS, STEROID INJECTIONS, AND TWO SURGERIES. SUBMITTED RECORDS INDICATE PROGRESS AS LATE AS SEPTEMBER 2006 AND THE REQUEST FOR WORK CONDITIONING WAS INITIATED IN NOVEMBER 2006. AS LONG AS THE PATIENT SHOWS DECREASED SYMPTOMS OR INCREASED FUNCTIONALITY, THESE SERVICES SHOULD BE CONSIDERED MEDICALLY NECESSARY AND REASONABLE.

## MEDICAL REVIEW OF TEXAS

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### A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- X 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
- X 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)