

DATE OF REVIEW: 2/14/2004

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 97110 (3 times per week for 4 weeks), 97530 (3 times per week for 4 weeks) and 97124 (3 times per week for 4 weeks)

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

A doctor of chiropractic with greater than 10 years of experience who specializes in rehabilitation.

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)

The reviewer agrees with the previous adverse determination regarding all items in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: Records were received and reviewed from the insurance carrier, URA and from the treating doctor. Records from the carrier include the following: 2/1/07 letter radiographic report of 7/21/05, lumbar MRI of 8/24/05, multiple TWCC 73 forms, daily notes from 10/5/05 through 11/29/06, subsequent medical reports from 11/8/05 through 12/08/06, Initial behavioral medicine consult of 12/2/06 (misdated for 2005), 1/18/06 report by 1/20/06 to 08/25/06 reports, 1/24/06 radiographic report, 2/3/06 neurodiagnostic report, reports 3/22/06 through 9/13/06, 6/1/06 through 11/10/06 reports by discography procedure report of 8/14/06, report of 9/29/06, operative report of 10/4/06, 10/4/06 neurodiagnostic monitoring, notes from the, hematology results, 12/26/06 and 12/28/06 adverse determinations and notes from 12/10/99 through 9/12/05.

Records from the treating doctor include the following in addition to any previously mentioned records: notification of assignment of IRO, fax of 12/26/06 and 12/28/06

denial, rationale for requested services of 12/18/06, PT preauthorization request of 12/18/06, 12/27/06 note by and additional daily notes from 12/1/06 through 01/02/07.

Records from the URA the following in addition to any previously mentioned records: 1/5/07 request for work hardening by 1/2/07 letter by, 1/2/07 FCE, 1/2/07 health and behavioral assessment, 1/10/07 work hardening approval by .

PATIENT CLINICAL HISTORY [SUMMARY]: The above-mentioned patient was injured on while he was installing equipment. He was treated in. He complained of lower back pain with leg pain. He has seen multiple doctors for multiple treatments including but not limited to chiropractic, pain management injections, behavioral medicine, physical therapy, surgery and post-surgical rehabilitation. The documentation indicates a return to work program was approved in January of 2007.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. The letter from indicates that 24 sessions of PT were performed on this patient; however, only 19 dates of service are listed on page three of his letter. The letter from at indicates that a return to work program has been approved on January 10, 2007. approved the above-mentioned return to work program for this patient as per the FCE of 1/2/07 which indicates a medium PDL.

The ODG's do indicate that up to 34 PT sessions within a 16 week period for a lumbar fusion are medically necessary. The reviewer indicates that a work hardening program is in progress at this point; therefore, continued physical therapeutics of the requested nature are not medically necessary. This is because the WH program will perform said procedures in a likely more rigorous fashion. This should be able to benefit the patient to a greater degree allowing him to return to work.

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)