

DATE OF REVIEW: February 9, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

20 sessions of work hardening.

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

Board Certified Health Care Provider in Chiropractic Care

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Notification of Case Assignment, Medical Records from Requestor, Respondent, and Treating Doctor (s), including: MD, notes from Ph.D., notes from, FCE dated 11/1/2006, review notes from MD, notes from MD, notes from MD, and a Lumbar MRI.

PATIENT CLINICAL HISTORY [SUMMARY]:

A very brief description of the injury is given in the records provided. This patient slipped and fell while in the school's kitchen on, injuring her neck and back.

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

This patient has completed a previous Chronic Pain Management Program as well a numerous amounts of supervised physical therapy. According to the review notes from Consuelo Harwood MD, she stated the FCE provided in non-physiologic and does not demonstrate valid lifting abilities and despite aggressive psychological intervention in a CPMP setting, this patient still demonstrated significantly elevated BDI and BAI scores, which would be a likely contraindication to a work hardening program given the failure of previous multidisciplinary approaches. Therefore, according to the *Texas Spinal Treatment Guidelines §134.1001* and the *Texas Guidelines for Quality Assurance and Practice Parameters* there would be no expectation of a positive outcome assessment rendering the service unreasonable and unnecessary.

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)
Texas Spinal Treatment Guidelines §134.1001