

Notice of Independent Review Decision

DATE OF REVIEW:

06/28/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Work Hardening twenty sessions.

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

Board Certified Chiropractor

REVIEW OUTCOME

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

Upheld (Agree)

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.

The medical necessity for the application of the requested course of work hardening for twenty sessions is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated 06/20/07
- Referral dated 06/20/07
- DWC-73: Work Status Reports with preventive return to work dates of 05/18/07, 03/19/07, 02/19/07, 01/19/07, 12/19/06
- Claims Management: Letter dated 06/21/07 from IRO Coordinator
- Claims Management: Independent Review Organization Summary dated 06/21/07
- DWC: Notice to Case Assignment dated 06/20/07
- DWC: Confirmation Of Receipt Of A Request For A Review dated 06/18/07
- LHL009 dated 06/15/07
- Statement of Disputed Issues For PA IRO dated 06/15/07
- IRO Notice Of Decision-WC dated 06/08/07 from M.D.
- IRO Reviewer Report-WC dated 06/07/07
- Review Determinations dated 05/17/07, 04/18/07
- Pre-Authorization Request for Work Hardening notes for the period 05/14/07 through 07/13/07
- M.D.: Consultations dated 05/11/07, 02/16/07
- Form note dated 04/03/07
- Initial Chart Note dated 03/30/07 from M.D.

- Ph.D.: BAP- Assessment of Pain with administration date of 03/12/07 - report date of 04/06/07
- Evaluation Summary Report dated 03/12/07
- Reports dated 02/16/07, 12/11/06, 10/24/06 from D.C.
- Handwritten Follow-Up Visits notes dated 01/05/07, 12/15/06
- MRI lumbar spine dated 12/29/06
- Lower Extremity Electrodiagnostic Study dated 12/27/06 from M.D.
- M.D.: Follow up notes dated 11/03/06, 10/31/06
- Physical Therapy Progress Report dated 11/03/06 from PT
- M.D.: Medical Consultation dated 12/20/06
- M.D.: Referral report dated 10/24/06
- Notes dated 10/19/06 through 05/11/07
- DWC-1: Employer's First Report of Injury Or Illness
- Exit Interview signed
- Worker's Compensation Request For Medical Care dated 10/11/06
- Patient information sheet
- Medical Center: Initial Assessment Form
- Medical Center: Emergency Department
- Medical Center: Emergency Department
- Medical Center: Patient Teaching Instructions signed
- Medical Center: Emergency Physician Record dated
- Raina Robinson, Administrative Services Supervisor: Undated memo
- Patient Profile for Plan Dates of 01/01/07 to 12/31/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a male who allegedly sustained injuries in an occupational incident. The history reveals that he was allegedly injured while lifting a box at work. He first consulted with the attending physician (AP). A lower extremity electrodiagnostic study performed on 12/27/2006 revealed no radiculopathies or radiculitis. An MRI of the lumbar spine dated 12/29/2006 revealed spondylosis as well as disc lesions at L4/5 and L5/S1 with no equivocal evidence of mass effect or impingement. An exhaustive course of chiropractic management is documented including active and passive care. A psychological interview was conducted on 02/16/2007, which opined the presence of pain disorder and depression and opined the necessity for work hardening. A functional examination was conducted on 03/12/2007, which demonstrated the presence of functional limitations versus work requirements.

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

The documentation fails to establish the medical necessity for the application of the requested course of work hardening. Firstly, it is not obvious that a return to work in at least a modified capacity has been attempted or seriously considered. The documentation reveals that the employer has modified work available for the injured individual, however there is no evidence in the documentation that any significant consideration has been given to the possibility of a modified return to work. Most occupational guidelines including the American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) favor a return to work over a tertiary type return to

work program such as the one requested as having more favorable outcomes in the long term. Secondly, the documentation does not reflect the results of a course of medication management specific to the psychosocial issues documented. It is not obvious that a course of SSRIs or other similar choices have been attempted or results documented. Moreover, the documentation reflects that the injured individual was treated with at least two courses of therapy, which were documented to have resulted in therapeutic gain. It is not unequivocally clear that the continuation of the lower forms of care would not be sufficient to progress the injured individual to a pre-injury status without the administration of the tertiary level of care proposed. Lastly, the injured individual has been treated for as many as eight months for soft tissue injuries with equivocal complicating factors. There are positive MRI findings in the form of disc lesions without a clear picture of mass effect and without the clear revelation of any clinical significance. The electrodiagnostic findings do not reveal any radiculopathies or radiculitis. Therefore, the reasonable expectations for the duration of care for the treatment of uncomplicated soft tissue injuries have passed.

Given the arguments raised in the above discussion, the medical necessity for the application of the requested course of work hardening is not established.

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**
- **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**