

True Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW: *June 12, 2007*

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening

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

Doctor of Chiropractic

11 years treating patients in the Texas Workers Compensation system as a level II approved doctor

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

Case Assignment from TDI, denial letters from URA, Notes from DC dated 4/24/07; notes from DC dated 5/12/07, notes from MD dated 5/29/07, notes from DC dated 4/20/07 and 5/02/07, and a FCE dated 4/20/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on xx/xx/xx while working for Companies as a laborer. The patient and a coworker were moving a heavy object when the coworker

dropped the heavy object and all of the weight shifted to him and he felt immediate pain in his low back. Lumbar surgery was performed 9/21/06.

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

Due to the nature of the injury, the treatment of lumbar surgery and the patient's job physical demand level, the service in dispute is reasonable and medically necessary according to the below referenced criteria. Work hardening is necessary to return the patient back as close as possible to a pre-injury status without risk of re-injury. Work hardening is utilized to increase the worker's conditioning and stamina, so as to transition them back into their previous job again without risk of re-injury or delay in effectiveness. Therefore, the item in dispute, 20 sessions of work hardening, is reasonable and medically necessary.

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)**