

**REVIEWER'S REPORT**

**Date of review:** March 6, 2007

**IRO Case#:**

**Description of Services in Dispute:**

Work Hardening program for 30 sessions

**Qualifications of Reviewer:**

Doctor of Chiropractic licensed in the state of Texas for 15 years.

**Review Outcome:**

Upon independent review I find that the previous determination or determinations should be:

- Upheld  
 Overturned  
 Partially Overturned

**Information Provided for Review:**

1. Letter from DC, dated January 21, 2006
2. URA report of DC December 21, 2006
3. Letter from DC requesting Work Hardening December 13, 2006
4. Work Hardening assessment (with FCE), October 18, 2006
5. Office notes of MD indicating work hardening was necessary for 20 sessions and also recommending a discogram and a followup with an orthopedic surgeon. Dated October 26, 2006
6. MRI of February 10, 2006.
7. URA report of MD dated December 14, 2006

**Clinical History:**

This patient was injured on the job while working as a mechanic performing maintenance duties. His report indicates that he was unloading some heavy doors for installation into an apartment complex when he had an onset of low back pain. The records indicate that initial treatment with active care did make him feel better, but he still had pain. Records

of the type of care rendered were not included in the records. The FCE demonstrated a light lifting category.

**Analysis and explanation of the decision, including clinical basis, findings and conclusions used to support the decision:**

This patient is not a candidate for a Work Hardening program at this time. First of all, the FCE indicators are a red flag in this case. The patient is listed as being in light duty, but the pain questionnaire indicates the high possibility of symptom magnification. Regardless, the clinic's own medical doctor recommended a surgical consultation. It is highly inappropriate to perform a work hardening program on a surgical candidate. The MRI does demonstrate a reasonable probability that this patient would be recommended for some form of surgical procedure. It is my finding that a work hardening program is not necessary on this case based on the symptom magnification factors and the fact that the patient is in the process of seeking an opinion on surgery. The possibility of success for work hardening at this point is minimal, at best.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)