

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 03/23/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Work Hardening, 5 days per week for 6 weeks

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

DC licensed in the state of Texas

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW**

1. Office records of Chiropractor from October 5, 2006 through March 15, 2007
2. Chiropractic review dated January 31, 2007
3. Chiropractic review dated January 12, 2007
4. FCE dated DC, January 8, 2007
5. MD examination December 22, 2006 through January 12, 2007
6. Clinical behavioral analysis (undated)

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This patient was injured on the job while working as a customer service representative. She was at her computer station and turned her head and heard 3 pops, then had an immediate onset of pain in the cervical spine. She initially chose not to seek care for the injury, thinking it would clear itself. She eventually sought care from her treating doctor and was treated with chiropractic manipulations, active exercises and passive exercises. She has significantly improved since the onset of the treatment and has now been recommended for a work hardening program.

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

Work hardening is not appropriate in this case. There is no significant objective data to indicate that the patient could not do a medium level job and there is no significant improvement that could be expected by such a program at such an intense level. Clearly, the treating doctor on this case has performed the duties that are expected, but to approve an additional program of the intensity requested would be outside the boundaries of good practice due to the patient's current condition.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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.
- XX 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.)