

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/01/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten visits of work conditioning (CPT codes 97545 and 97546)

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

Licensed

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

An Employer's First Report of Injury or Illness form dated
An evaluation with M.D. dated 06/28/05
X-rays of the lumbar spine interpreted by M.D. dated 06/28/05
Evaluations with M.D. dated 07/01/05 and 07/15/05
A TWCC-73 form from M.D. dated 07/02/05
An evaluation with an unknown physical therapist (the signature was illegible) dated 07/14/05
Evaluations with D.C. dated 07/15/05, 08/24/05, 12/02/05, 06/07/06, 06/09/06, 06/16/06, 10/20/06, 11/08/06, 11/17/06, 12/18/06, and 12/22/06
A TWCC-73 form from Dr. dated 07/15/05

TWCC-73 forms from Dr. dated 07/15/05, 08/02/05, 08/22/05, 09/15/05, 05/15/06, 12/15/06, and 12/22/06

Chiropractic therapy with Dr. dated 07/16/05, 07/18/05, 07/19/05, 07/22/05, 07/23/05, 07/25/05, 07/26/05, 07/27/05, 07/28/05, 07/29/05, 08/01/05, 08/02/05, 08/03/05, 08/04/05, 08/05/05, 08/08/05, 08/09/05, 08/10/05, 08/12/05, 08/13/05, 08/15/05, 08/16/05, 08/17/05, 08/18/05, 08/22/05, 08/23/05, 08/24/05, 08/26/05, 08/27/05, 08/29/05, 08/30/05, 08/31/05, 09/03/05, 09/06/05, 09/07/05, 09/08/05, 09/09/05, 09/12/05, 09/13/05, 09/14/05, 09/16/05, 09/19/05, 09/20/05, 09/21/05, 09/26/05, 09/27/05, 09/28/05, 09/29/05, 09/30/05, 10/03/05, 10/04/05, 10/05/05, 10/06/05, 10/07/05, 10/10/05, 10/12/05, 10/13/05, 10/14/05, 10/17/05, 10/18/05, 10/19/05, 10/21/05, 10/24/05, 10/26/05, 10/28/05, 11/02/05, 11/04/05, 11/08/05, 11/09/05, 11/15/05, 11/16/05, 11/17/05, 11/28/05, 05/04/06, 05/08/06, 05/12/06, 05/15/06, 05/18/06, 05/19/06, 05/22/06, 05/24/06, 05/26/06, 05/30/06, 05/31/06, and 06/02/06

Evaluations with M.D. dated 07/19/05, 08/16/05, 09/20/05, 10/18/05, 11/15/05, 02/10/06, 07/18/06, 08/22/06, and 10/13/06

An MRI of the lumbar spine interpreted by M.D. dated 08/03/05

An evaluation with M.A., L.P.C. and Ph.D. dated 09/12/05

An EMG/NCV study interpreted by M.D. dated 09/14/05

Weekly progress notes from Mr. dated 09/20/05, 09/21/05, 09/26/05, 09/27/05, 06/02/06, 06/05/06, 06/13/06, and 06/15/06

Operative reports from Dr. dated 10/06/05, 11/03/05, and 12/22/05

Evaluations with M.D. dated 10/21/05, 12/23/05, 03/24/06, 07/05/06, 07/21/06, and 11/17/06

A Notice of Disputed Issue(s) and Refusal To Pay Benefits form from the insurance carrier dated 11/08/05

Functional Capacity Evaluations (FCEs) with Dr. dated 11/17/05 and 06/07/06

Video surveillance of the patient from Case Manager, on 11/28/05 and 11/29/05

An operative report from Dr. dated 04/06/06

A letter written by Dr. dated 05/15/06

Behavioral assessments with Mr. dated 05/25/06 and 06/14/06

Treatment with Mr. dated 06/26/06, 06/27/06, 06/29/06, 06/30/06, 07/06/06, 07/07/06, 07/10/06, 07/11/06, 07/17/06, 07/19/06, 07/21/06, 07/31/06, and 08/01/06

A team conference with Mr. and Dr. dated 07/14/06

A request letter from Dr. dated 10/20/06

An MRI of the lumbar spine interpreted by M.D. dated 11/08/06

An evaluation with M.D. dated 01/11/07

An FCE and statement of medical necessity from Dr. dated 01/16/07

Letters of adverse determination dated 01/24/07 and 01/31/07

An IRO Summary from dated 02/13/07

An IRO request from Dr. dated 02/13/07

PATIENT CLINICAL HISTORY [SUMMARY]:

X-rays of the lumbar spine interpreted by Dr. were unremarkable. Chiropractic therapy was performed with Dr. from 07/15/05 through 06/02/06 for a total of 77 sessions. An MRI of the lumbar spine interpreted by Dr. on 08/03/05 revealed some discal pathology at L4-L5 and L5-S1. An EMG/NCV study interpreted by Dr. on 09/14/05 revealed bilateral L4-L5 and L5-S1 radiculitis with a right-sided sural sensory neuropathy. Weekly progress notes were provided by Mr. from 09/20/05 through 06/15/06 for a total of eight notes (psychotherapy). Lumbar ESIs were performed by Dr. on 10/06/05, 11/03/05, and 12/22/05. On 11/08/05, the insurance carrier disputed the anxiety and depression as part of the compensable injury. An FCE with Dr. on 11/17/05 revealed the patient essentially functioned at the light medium physical demand level. Lumbar surgery was performed by Dr. on 04/06/06. On 05/25/06, Mr. recommended individual psychotherapy. On 06/14/06, Mr. recommended a chronic pain management program. Chronic pain management was performed with Mr. from 06/26/06 through 08/01/06 for a total of 13 sessions. On 08/22/06, Dr. recommended an MRI of the lumbar spine. On 10/20/06, Dr. recommended a repeat MRI. An MRI of the lumbar spine interpreted by Dr. on 11/08/06 revealed operative changes and scar tissue at L4-L5 and scar tissue at L5-S1. On 11/17/06, Dr. recommended further physical therapy. On 01/11/07, Dr. prescribed Trazodone, Ultram, and Mobic. On 01/16/07, Dr. provided a statement of medical necessity for functional testing. An FCE with Dr. indicated the patient functioned at least at the sedentary light to light physical demand level.

Letters of adverse determination for work conditioning were provided on 01/24/07 and 01/31/07. On 02/13/07, Dr. requested an IRO.

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

After reviewing the medical records provided, it was found the patient was injured on. The patient eventually had to have surgery to the lumbar spine on 04/06/06. The treatment in question is 10 visits of work conditioning, five times a week for two weeks to include the CPT codes 97545 and 97546. According to the American Physical Therapy Association Guidelines for Work Hardening and Work Conditioning Programs, to be eligible for work conditioning, a patient must have a job goal, stated or demonstrated willingness to participate, and have identified neuromusculoskeletal physical and functional deficits that interfere with work, and be at a point of resolution of the initial or principal injury such that participation in the program would not be prohibited. The medical records show that an FCE was performed on 06/07/06 (two months post surgical), which showed that the patient was functioning at a light medium to medium heavy physical demand level. However, after completing postoperative rehabilitation

and a chronic pain program, a second FCE performed on 01/16/07 showed that the patient's functional level was a sedentary light to light level. With the patient's conditioning worsening even after surgery, there is not enough evidence to show that at this point placing the patient in a multi-hour/multi-day intense work conditioning program would not be beneficial due to her current symptoms and apparent failure of previous conservative, active, passive, surgical, and multidisciplinary treatments. Thus, the work conditioning program fives times a week for two weeks to include CPT codes 97545 and 97546 is not medically necessary to treat this patient.

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 AND KNOWLEDGE BASE
- 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)

American Physical Therapy Association Guidelines for Work Hardening and
Work Conditioning Programs