

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: March 15, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Continuation of Work Hardening Program-5x week x 2 weeks (8 hours per day)

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

Internal medicine, occupational and environmental medicine

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- 03/08/07
- Wide Open MRI 06/13/06
- M.D., 05/05/06, 05/08/06, 05/10/06, 05/12/06, 05/15/06, 05/16/06, 05/18/06, 05/22/06, 05/24/06, 05/25/06, 05/30/06, 06/01/06, 06/06/06, 06/07/06, 06/12/06, 06/15/06, 06/23/06, 07/10/06, 07/16/06, 08/08/06, 08/29/06, 10/10/06, 10/11/06,

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- 07/27/06, 08/16/06, 09/12/06
- M.D., 08/03/06
- 08/08/06, 08/31/06, 11/16/06, 12/27/06, 01/23/07
- M.D., 08/16/06, 08/24/06, 09/08/06
- 09/28/06, 10/30/06, 12/14/06, 01/05/07
- M.S., L.P.C., 11/27/06, 11/28/06, 12/04/06, 12/06/06, 12/08/06, 12/11/06, 12/12/06, 12/13/06, 12/15/06
- M.D., 12/06/06
- Dr. 12/14/06
- 12/27/06, 01/22/07

PATIENT CLINICAL HISTORY:

The patient is a female who worked for who was stepping on a rail to reach merchandise on the top shelf. She fell, injuring her low back.

The patient was treated with extensive conservative therapy. An MRI scan revealed a disc protrusion at the L5-S1 level. The patient underwent epidural steroid injections, facet injections, and medial branch rhizotomy, but continued to complain of significant low back pain. She underwent extensive physical therapy.

The patient was found to have reached maximum medical improvement as of October 11, 2006. A 6% impairment rating was opined.

The patient began participating in a work conditioning/work hardening program on November 27, 2006.

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

The functional capacity evaluation that was performed as part of the impairment rating indicated that the patient was able to manage 60 pound boxes on her lifting and carrying test prior to the initiation of the work hardening program.

The patient underwent a functional capacity evaluation, after completing almost two weeks in her program. It was noted that the patient had experienced an overall improvement of 2% since the original injury. If one reviews the actual pain ratings, there is no significant change in the visual analog pain ratings. Therefore, there has been no significant improvement.

I reference ODG Treatment in Workers' Compensation 2006, page 834, where it indicates clearly that, "If used, treatment should not exceed two weeks without demonstrated efficacy, subjective and objective gains." The medical records do not demonstrate significant subjective or objective gains within the first two weeks of the work hardening program. Therefore, I do not support any additional work hardening.

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)