

Notice of Independent Review Decision

**IRO Reviewer Report**

**DATE OF REVIEW: 03/23/2007**

**IRO CASE #:**

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

Work hardening program – 10/02, 10/03, 10/05, 12/07, 12/08, 12/11, 12/13, and 12/15 of 2006.

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

Board certified chiropractor on the TDI-WC approved doctor's list that is familiar with the treatment or proposed treatment.

**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.

The three sessions in October, xx/xx, 10/03 and 10/05 were medically necessary for the treatment of his on the job injury. The sessions in December, 12/07, 12/08, 12/11, 12/13 and 12/15 were not medically necessary for the treatment of his on the job injury.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Information provided by the requestor:

None

Information provided by the respondent:

- Company Request for IRO
- Retrospective review by – 10/29/06
- Office and treatment notes – 07/24/06
- treatment notes – 07/20/06 07/24/06
- Daily Progress notes – 07/25/06 to 09/11/06
- Office visit note from Dr.– 08/03/06 to 08/31/06
- Electrodiagnostic results – 08/16/06
- Report of x-rays of the lumbar spine – 06/24/06
- Preauthorization Request – 07/24/06
- Results of CT scan of the lumbar spine – 08/31/06
- History and physical examination by Dr. – 09/13/06
- Prescription for electromuscular stimulator – 09/13/09
- WC/WH program daily notes 09/13/06 – 10/04/06
- Neurological examination - 08/20/06
- Results of FCE – 09/08/06
- Results of EMG – 09/06/06
- Psychological review by Dr. – 09/11/06
- Letter of Medical Necessity from – no date

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related injury when flooring collapsed under his foot causing pain to his lower back and buttocks radiating to his thigh. The patient was treated with chiropractic care as well as a work hardening program.

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

The medical record documentation reveals that the patient was evaluated after his injury and a treatment program was begun. A lumbar CT revealed positive findings. Electro diagnostic testing revealed a mild S1 radiculopathy. A FCE revealed he tested at a light level and his occupation requires medium to heavy level. Psychological evaluation indicated he was a candidate for a work hardening program. There was sufficient clinical finding to justify the beginning of the work hardening program. ODG admission criteria indicate the program was to be completed in 4 weeks which was not done.

The program was begun at a accredited facility on 09/13/06. He completed 3 sessions from 09/13/06 through 09/18/06. The facility where he was attending the program was 51

miles from his house. He requested from his treating doctor to be sent to a facility closer to his home. This was done and he attended the new facility for 3 sessions in early October (2, 3, and 5). There is no other treatment or explanation as to why the patient stopped treatment at this time. On November 1, 2006 a one hour FCE was performed and the patient was released to return to work with restrictions in a medium category (lifting no more that 45 pounds), given handouts on good body mechanics and instructed to continue his home exercise program. No treatment or evaluation is documented until another one hour FCE on 12/04/06. The records indicate he was only able to complete one day of work and could not continue. The FCE indicated that last month he had digressed from medium to light duty category. He then attended 5 sessions of chronic pain program in December (7, 8, 11, and 15). He left the program "against medical advice" after completing the additional 5 sessions. The notes over this time period noted a low tolerance for pain, significant somatic focus, unrealistic expectations for rehabilitation and self limiting behavior.

Treatment guidelines allow for a work hardening program in cases such as this. The program usually lasts from 10 to 30 sessions. During the initial 10 sessions, periodic re-evaluations and documented progress is needed to justify continuation of the program.

Normally, the program is done on a daily basis for 10 to 30 sessions. Even though two weeks had passed (from September 18, 2006 until October 2, 2006) there is sufficient reason for him to continue the program as indicated. Once he stopped treatment in the program after October 5, 2006, there was no additional medical necessity for him to continue the program.

Therefore, the three sessions in October, 10/02, 10/03 and 10/05 were medically necessary for the treatment of his on the job injury. The sessions in December, 12/07, 12/08, 12/11, 12/13 and 12/15 were not medically necessary for the treatment of his on the job injury.

**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)**