

DATE OF REVIEW: 5/11/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Preauthorization for work conditioning: 10 sessions over 2 1/2 weeks

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

This case was reviewed by a board certified chiropractor on the external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

<i>Primary Dx Code</i>	<i>Service Being Denied</i>	<i>Units</i>	<i>Type Review</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
844.9	97545		Prospective					Uphold

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 4/26/07
2. Determination Notices – 4/6/07, 4/19/07
3. DC Records and Correspondence – 3/22/07
4. Records and Correspondence – 5/16/06-4/12/07
5. MD Records and Correspondence – 10/31/06-2/27/07
6. Report – 9/8/06, 10/26/06, 12/21/06, 1/18/07
7. MD Records and Correspondence – 9/8/06-9/19/06
8. Records and Correspondence – 3/23/07
9. MD Records and Correspondence – 6/29/06

10. MD Records and Correspondence – 5/11/06
11. Records and Correspondence – 5/18/06-8/3/06
12. Records and Correspondence – 6/15/06, 8/11/06
13. Records and Correspondence – 5/19/06
14. Records and Correspondence – 5/2/06-9/12/06
15. Records and Correspondence – 5/15/06
16. Records and Correspondence – 8/18/06
17. Records and Correspondence – 7/21/06-12/8/06
18. Records and Correspondence – not dated
19. Records and Correspondence – 8/22/06
20. Records and Correspondence – 10/13/06-11/16/06
21. Records and Correspondence – 11/3/06
22. PC Correspondence – 1/2/07

PATIENT CLINICAL HISTORY:

This case concerns a male who sustained a work related injury on xx/xx/xx. Records indicated that while ascending a ladder while carrying a part, the ladder shifted and he fell approximately 10 feet onto a metal floor. Records also noted that while twisting and turning himself to prepare to fall, he fell on top of the ladder. Diagnoses have included right knee strain/sprain, lumbar strain, cervical sprain, chin laceration, and anterior chest wall pain. Evaluation and treatment for this injury has included physical therapy, medications, x-rays, and epidural steroid injections (ESI) of the spine.

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

This patient has been treated with active and passive therapy for 11 months with no sign of improvement. He still is at a sedentary level of work activity. He has had an epidural steroid injection which gave him some temporary relief of his low back and right leg pain. He has had many different evaluations but has had no results with the various types of care that has been provided to him. It is unlikely that he will do well with the requested work conditioning program which might have been more effective 2-3 months after injury to avoid deconditioning. The patient should have been doing active therapy as part of his 2 treatments per week with the physical therapy provider. After 11 months of treatment, the patient should have been well trained in his rehabilitation exercise routine and should not require a formal work conditioning program.

Therefore, the requested work conditioning (10 sessions over 2 1/2 weeks) is not medically necessary for treatment of the patient's condition at this time.

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)**