



DATE OF REVIEW:

05/01/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Seven sessions of work hardening (dates of service - 10/11-10/19/2006).

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

Board Certified Chiropractor

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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 medical necessity for the seven sessions of work hardening from 10/11/2006 through 10/19/2006 is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report
- Referral dated 04/18/07
- DWC-73: Work Status Report dated 08/01/06
- Letter dated 04/17/07.
- DWC: Notice To Utilization Review Agent of Assignment of Independent Review Organization dated 04/16/07
- DWC: Confirmation Of Receipt Of a Request For a Review dated 04/13/07
- LHL009: Request For a Review By An Independent Review Organization dated 04/12/07
- Explanation of Benefits dated 11/14/06 through 03/28/07
- Review dated 10/11/06
- Letter dated 09/06/06.
- report dated 09/01/06
- DWC: Preauthorization Exemption with Work Conditioning & Work Hardening Programs updated 08/23/06
- Handwritten Comprehensive Patient Examination dated 08/21/06
- Preauthorization Request Form dated 08/21/06
- Accident & Injury Chiropractic: Initial Report dated 08/07/06

- MRI lumbar spine dated 08/04/06, MRI cervical spine dated 08/04/06
- Daily Progress Notes dated 08/02/06 through 09/20/06 (handwritten)
- Preauthorization Request dated 09/20/06
- Internal Radiographic Report (handwritten) dated 08/07/06
- Handwritten Recommended Treatment Plan dated 08/21/06
- Handwritten doctor's note dated 08/01/06
- Thoracic spine radiographs dated 07/01/06, lumbar spine radiographs dated 07/01/06
- Survey dated 04/27/06 to 04/28/06
- Undated letter
- Undated form letter addressed
- Undated Patient Information sheet

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual was allegedly injured as the result of an occupational injury reportedly occurring on. The history reveals that the claimant reported injuries to multiple body areas after what is described as an "overexertion" type injury, getting on and off a work-truck multiple times, on the stated date of injury. The injured individual presented to the office of the attending physician (AP) on 08/01/2006 complaining of neck, mid back and low back pain as well as ankle pain. Multiple orthopedic tests were listed as positive and x-rays were negative for significant pathologies and positive for postural changes. MRI examination revealed a 4mm protrusion at L5/S1 with no evidence of neural compromise. Electrodiagnostic studies were within normal limits. The injured individual participated in a litany of treatment including chiropractic care, physical therapy, active care, and epidural steroid injections in the lumbar spine.

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

The documentation fails to identify any psychosocial issues that would require the application of the upper level, tertiary type program associated with typical work hardening programs. The documentation is devoid of any psychosocial interviews or questionnaires that identify specific psychosocial issues that would be addressed in the typical work hardening setting. Furthermore, the work hardening program would have a significant physical therapy component similar to what the injured individual has already participated in. The documentation contains no strong evidence that that injured individual has significantly progressed during the documented course of active care. As such, and especially without the aforementioned psychosocial component, there would be no reasonable expectations for significant therapeutic relief. Therefore, the medical necessity for the application of work hardening as captioned above is not established.



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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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Health Care Guidelines by Milliman and Robertson Volume 7,
North American Spine Society Guidelines,
Texas Medical Fee Guidelines,
Procedural Utilization Guidelines.