

**PEER REVIEWER FINAL REPORT****DATE OF REVIEW:** 5/22/2007**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

97545 - Work hardening/conditioning; initial 2 hours

97546 - Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) - 13 sessions

QUALIFICATIONS OF THE REVIEWER:

This reviewer earned his medical degree from Ross University, School of Medicine, in New York City. He is a member of the American Medical Association (AMA), the American Academy of Physical Medicine and Rehabilitation (AAPMR), the Physiatric Association of Spine, Sport and Occupational Rehabilitation (PASSOR), and the North American Spine Society (NASS). He has numerous publications and has worked as an associate physician in Atlanta, Georgia since 2004.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

97545 - Work hardening/conditioning; initial 2 hours Upheld

97546 - Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) - 13 sessions Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Facsimile cover sheet dated 05/09/2007
2. Clinical note dated 05/09/2007
3. Clinical note dated 05/07/2007
4. IRO request form dated 05/07/2007
5. Request form dated 05/02/2007
6. Clinical note dated 04/05/2007
7. Clinical note dated 04/24/2007
8. Medical reviews of case assignment dated 05/09/2007
9. Clinical note dated 05/09/2007
10. Independent review organization dated 05/09/2007
11. Clinical note by MD, dated 05/08/2007
12. IRO request form dated 05/09/2007
13. Clinical note dated 04/24/2007
14. Pre-authorization decision and rationale dated 04/24/2007
15. Pre-authorization dated 04/24/2007
16. Pre-authorization dated 04/20/2007

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17. Clinical note dated 06/14/2006 to 04/23/2007 multiple dated
18. Progress summary by MD, dated 02/09/2007
19. Plan of care by Mrs. PT, dated 04/17/2007
20. Clinical note dated 03/30/2007
21. Clinical note dated 01/04/2006
22. Clinical note dated 04/17/2007
23. Clinical note dated 04/17/2007
24. Clinical note dated 04/18/2007
25. Pre-authorization request dated 04/17/2007
26. Clinical note dated 04/05/2007
27. Pre-authorization decision and rationale dated 04/05/2007
28. Pre-authorization dated 04/05/2007
29. Clinical note dated 06/14/2006 to 04/04/2006 multiple dated
30. Clinical note dated 04/03/2007
31. Clinical note dated 04/02/2007
32. Pre-authorization request dated 01/03/2007
33. Clinical note dated 01/04/2006
34. Clinical note dated 03/30/2007
35. Progress/treatment note by Mrs. PT, dated 01/22/2007
36. Clinical note dated 04/02/2007
37. Clinical note dated 04/02/2007
38. Clinical note dated 04/05/2007
39. Clinical note dated 02/16/2007
40. Pre-authorization decision and rational dated 02/16/2007
41. Pre-authorization dated 02/16/2007
42. Clinical note by dated 05/09/2007
43. Preauthorization request dated 05/09/2007
44. Treatment plan grid dated 02/09/2007
45. Clinical note dated 02/13/2007
46. Clinical note dated 02/13/2007
47. Clinical note dated 02/13/2007
48. Utilization review dated 02/13/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This male worker was injured while working as a custodian. He was reportedly waxing a floor when he fell and hurt his lower back. Following the incident he received passive physical therapy modalities, steroid injections, and eventually underwent a lumbar decompressive laminectomy with discectomy on 6/14/2006.

The worker's current diagnoses are status post laminectomy syndrome at the L4-5 level and lumbalgia. He reportedly underwent 7 sessions of a work conditioning program. It was also noted that he completed 10 session of a chronic multi-disciplinary management program on 1/23/2007. The patient still reports significant pain and, at this time, the request for 13 additional sessions of work conditioning is under review.

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

This is a male who injured himself. The request is for 13 sessions of work conditioning.

After reviewing the clinical documentation available, the worker fell and injured his lower back, underwent physical modalities and epidural started injections. He subsequently underwent a lumbar decompressive laminectomy with discectomy on 06/14/2006. The worker was enrolled in a work conditioning program but was transferred to a chronic pain management program. At the end of the pain management program, the injured worker continued to feel discouraged and uncertain about the future. The most recent history reveals that he continues to have pain even with lifting minimal weight. The use of work hardening is appropriate in patients who do not require further treatment to control pain and function. Unfortunately, this individual does not meet the criteria as he continues to experience pain.

Therefore, the denial for an additional 13 sessions of work conditioning is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

Name: Patient_Name

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

Physical Medicine and Rehabilitation, 2nd Edition, Braddom

AMR Tracking Num: