

# MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

## Medical Review of Texas

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**DATE OF REVIEW: OCTOBER 25, 2007**

**IRO CASE #:**

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

Work Hardening Program 04/17/2007 – 04/20/2007, 04/23/07 – 04/25/07

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

Doctor of Chiropractic w/ 20 years of clinical experience in Texas  
Diplomate, American Academy of Pain Management  
Fellow, American Academy of Spine Physicians  
Fellow, International College of Chiropractic Physicians  
Fellow, American Board of Disability Analysts  
Fellow, American Back Society  
National Board Certified in Chiropractic Clinical Practice, Physiotherapy & Rehabilitation

**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.

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

Notice of IRO Assignment, 09/21/2007

Confirmation of Request for IRO, 09/21/2007

Request for Independent Review, 09/18/2007

EOBs, Ins. Co., 04/16/2007 – 04/25/2007

PT Daily Treatment Notes, Center, 12/05/2006 – 12/15/2006

Bone Scan Report, Imaging, MD, 01/04/2007

Orthopedic Reports, MD, 01/29/2007, 03/20/2007, 05/04/2007,

Functional Capacity Evaluations, Pain Care, LPT, LPT, 03/05/2007 – 05/01/2007

Work Hardening Program Progress Notes, Dr., LPT, 03/16/2007 – 04/25/2007

PT Evaluations, LPT, 11/17/2006, 12/19/2006

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

This appears to be a man with a back injury that occurred at work. Orthopedic assessments find likelihood of a fracture of the posterior arch at L3 and L4 with disc displacement and annular tear. Bone scan confirms increased uptake in the posterior elements of L3 and L4. Functional capacity testing shows limited ability for a job requirement that requires frequent standing, walking and lifting. MET levels are light 3.0, with job requirements medium to heavy. The patient was apparently injured while unloading a trailer of insulation on a job site. Behavioral assessments suggest that the patient also experiences anxiety and depression, which would make him a suitable candidate for multidisciplinary Work Hardening Program.

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

Work Hardening program was completed with measurable improvement to light-medium status and the patient was returned to modified light duty. This meets all general criteria for a reasonably appropriate WH program with successful outcome.

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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
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- X 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 – NOT PROVIDED
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
  - \* Beissner K. et.al, *Factors Relating to Successful Work Hardening Outcomes*, Am J Occup. Ther 1986;40:841-843.
  - \* Industrial Physical Therapy Outcomes Assessment, JPT, Vol. 76. No. 11, November 1996.
  - \* Hazard RG et al, *Functional Restoration with Behavioral Support, Study of Patients with Chronic Low Back pain*, Spine, 1989; 14:157-161.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)