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NOTICE OF INDEPENDENT REVIEW DECISION

IRO REVIEWER REPORT

DATE OF REVIEW: 09/14/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Thirty (30) sessions of work hardening.

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

Texas License
Doctor of Chiropractic Medicine
Diplomate of the American Association of Quality Assurance & Utilization Review Physicians
Diplomate of the American Academy of Pain Management
Certified by the American Academy of Disability Evaluating Physicians
Fellow of the American Back Society

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 12/15/05 – Cervical MRI.
2. M.D., notes from 09/09/04 thru 07/12/07.
3. Return to work notice of 10/01/04.
4. 05/10/05 – Hospital note for admission to the atypical chest pain.
5. Cardiac catheterization dated 05/11/05.
6. 07/20/04 – Maximum Medical Improvement examination.
7. Medical dispute for work hardening on 01/17/06.
8. Dr. review dated 02/25/06.

9. Rehabilitation notes from 03/20/06 thru 03/29/07.
10. 03/26/06 – Rehabilitation evaluation.
11. 07/07/06 – Pain management evaluation by M.D.
12. Physical performance evaluation dated 07/28/06 and 11/03/06.
13. Upper extremity EMG/NCV dated 08/02/06.
14. Work hardening assessment dated 08/02/06.
15. Designated Doctor Evaluation dated 08/08/06.
16. MRI case review dated 08/10/06.
17. 11/09/06 & 12/05/06 –denial letters. *Official Disability Guidelines* cited.
18. Pain & Injury note dated 12/13/06 thru 01/31/07.
19. Epidural steroid injection dated 01/12/07.
20. FOL IRO response letter dated 08/31/07.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee was injured. It was reported that he worked as an. While working on a helicopter, the craft fell off its lift striking the employee in the head with the tail section. Although the employee did not lose consciousness, he complained of headaches and neck pain from that point forward.

The employee was treated by the physicians at Medical Centers, and then began treating with M.D. The employee received conservative management mainly including medications.

The employee was returned to work full duty on 10/01/04 by Dr.

During 2005, it was noted that the employee had a hospital admission for atypical chest pain. However, by 07/20/04, the employee had already been placed at Maximum Medical Improvement (MMI) by a Designated Doctor Evaluation.

The employee did eventually have an MRI of the cervical spine on 12/12/04, which was read by a medical physician as “minimal posterior annular bulging at C4-C5, C5-C6, and C6-C7”. Additionally, “no focal disc herniation or significant spinal stenosis at any level is evident”.

The employee continued treating with conservative management, and during 2006, he underwent a rehabilitation evaluation by a local chiropractor. Rehabilitation notes were present between 03/20/06 through 03/29/07. Additionally, a Functional Capacity Evaluation (FCE) of 03/28/06 was performed confirming an ability of the employee to lift up to 13 pounds on an occasional basis during the dynamic lifting task. A full eight months later on 11/03/06, the employee was still only able to lift 13 pounds on an occasional basis during the dynamic lifting tasks.

The employee was recommended to undergo work hardening on at least two occasions. A medical dispute for work hardening was written on 01/17/06 and apparently the employee had some work hardening evaluations performed in August, 2006 as well, specifically 08/02/06.

Nevertheless, a designated doctor was enlisted in this case on 08/08/06, and again MMI was achieved with a 5% whole person impairment rating.

By 08/10/06, an MRI case review was documented. A group of physicians reviewed the MRI study and concluded that there was no evidence of thecal sac involvement or any disc herniations.

Pain & Injury notes were reviewed from 12/13/06 through 01/31/07, and an epidural steroid injection of the cervical spine was performed on 01/12/07.

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

Work hardening and work conditioning have certain criteria for admission according to the *Official Disability Guidelines*. 1) Physical recovery must be sufficient to allow for progressive reactivation and participation for a minimum of four hours per day for up to five days per week. 2) A defined return to work goal must be met. 3) The worker must be able to benefit from the program. 4) The worker must be no more than two years past the date of injury. 5) Program timelines for a work hardening program should be completed in four weeks of consecutive weeks. Based on these entrance criteria, it is clear that the employee would not have any benefit from the program. The employee has already attempted active rehabilitation protocols from 03/20/06 through at least 03/29/07. Two subsequent physical performance evaluations on 03/28/06 and 11/03/06 confirmed absolutely no change in physical capacity. This confirms that the employee will not benefit from a work hardening program.

The denial of work hardening is upheld. There is absolutely no medical necessity found in these records to substantiate thirty days of work hardening for this employee's cervical spine injury of 03/26/04.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines,

IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. *Official Disability Guidelines*