Specialty Independent Review Organization

AMENDED REPORT 4/9/2008

Notice of Independent Review Decision

DATE OF REVIEW: 4/7/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of twenty (20) sessions of Work Hardening.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Doctor of Chiropractic with greater than 10 years of experience.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of twenty (20) sessions of Work Hardening.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
Healthcare (DC), MD, Medical Group, and.

These records consist of the following (duplicate records are only listed from one source): Dr.: 8/20/07 to 9/19/07 conference notes 9/10/07 reconsideration letter by Dr. and 8/8/07 letter Dr..

Healthcare: 1/10/08 evaluation by, LPC, FCE of 10/19/07, handwritten SOAP note by Dr. (appears to be dated 9/20/07), 7/18/07 note by, 7/18/07 to 9/13/07 notes by, medication scripts of 9/13/07 and 9/13/07 visit summary.

1/23/08 denial letter, 1/21/08 precert fax sheet, 1/24/08 precert request, 2/18/08 denial letter and 2/7/08 appeal letter.

Medical Group: Visit Summary 12/27/07-5/23/07;, MD report-11/7/07 & 6/21/07 and Preliminary Orthopedic Report-6/21/07; and Imaging MRI report-6/29/07
We did not receive a copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:
According to the records received and reviewed, the patient was injured in a work related accident on xx/xx/xx working as a delivery truck driver when he was involved in a single truck accident while trying to make a curve and the load shifted causing the truck to roll. The patient was taken by ambulance to the ER and was released later that day. He reported complaints of low back pain with independent left leg and left arm pain. He also noted left leg weakness with no numbness or bowel/bladder complaints. An MRI to the lumbar region showed disc bulges at L2-L3 and L3-L4.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The states that the entrance criteria per the ODG include the following:

1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three days a week.
2. A defined return to work goal agreed to by the employer and employee:
    a. A documented specific job to return to, OR
    b. Documented on-the-job training
3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks or less.

The documentation does not support the medical necessity of work hardening. Specifically, there is no defined return to work goal agreed to by the employer and the employee. This criterion is essential in establishing return to work goals and creating a high individualized treatment plan for the patient. If specific job duties are not identified and addressed, the efficacy of the program will be compromised. Generalized deficits of limited functional ability do not qualify for a return to work program. The patient does not meet the 5 entrance criteria to a return to work program – work hardening.

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)