



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 04/08/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

FCE, PPE, and work hardening from the dates of 02/12/08 through 03/30/08.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Doctor of Chiropractic in active practice

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Carrier records
2. TDI case assignment
3. records
4. Company request for IRO
5. Physicians bill review findings by M.D.
6. Medical Decision Review Expert P.A., M.D.
7. RME from M.D.
8. Request for IRO, Clinic,
9. EOBs and HCFAs
10. Fax to Company,
11. Fax
12. Notice to Southwest Forensics of case assignment
13. Requestor records, and some of these records are duplicates of carrier records
14. Letter to Southwest Forensic Associates

15. Letter request for review by IRO Review Organization
16. Request for reconsideration
17. Physician bill review findings
18. Initial medical evaluation by Dr.
19. MRI scan dated 09/13/06
20. Numerous HCFA's and EOB's
21. Electrodiagnostic studies, EMG/NCV
22. Peer Review
23. Peer Review
24. Job description
25. Psychiatric report
26. Letter from Dr.
27. Clinic work hardening treatment plan
28. Pain mental health evaluation
29. Clinic impairment rating

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee was lifting a 35-pound off of the floor while bent with the lumbar spine flexed when he felt a sharp pain in the lumbar spine. The injured employee had a lumbar MRI scan, which revealed moderate-sized posterior central disc protrusion at L5/S1 with disc contacting the thecal sac and anterior surfaces of both of the S1 nerve root sheaths, worse on the left than the right. The injured employee was deemed to be a candidate for work hardening and was placed in the program from 02/12/08 through 03/30/08 with frequent PPEs to track progress. Carrier Peer Reviewer's have retrospectively denied authorization for the work hardening program.

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

This is a retrospective review for medical necessity of a work hardening program and various FCEs and PPEs from 02/12/07 through 03/30/07. It appears there were some areas in strength and range of motion in which the patient regressed rather than progressed, but overall the outcome of the work hardening program was very favorable, and it did accomplish the goal of returning the patient to work. The patient had significant deficits in strength and range of motion and did have a job to return to. His attendance was rather sporadic, but he did improve sufficiently to return to work. Specifically, a work hardening program requires that a patient has a job to return to and that the patient is believed to be a successful candidate to return to work without restriction. The injured employee must fall below the required PDL for his specific job, and the work hardening program is believed to increase the possibility of that worker returning to their former occupation. This was accomplished in this work hardening program. Therefore, the previous adverse determination should be overturned. Since this work hardening returned the injured employee to his pre-injury PDL, which was required for his job, and allowed him to go back to work full duty without restriction, the necessity of this program has been established.

The decision is overturned. It is found that medical necessity for this program has been met. The injured employee was injured on the job. MRI scan findings document L5/S1 disc protrusion with contact to the thecal sac and S1 nerve roots bilaterally, left greater than right. Functional Capacity Evaluation showed patient did not meet the PDL for his job. He did have a job to return to. The injured employee was placed in a work hardening program. There were some areas of strength and range of motion that did not improve, but overall the program was effective in that the patient was able to meet the required PDL for his job. He was successfully returned to work without restrictions. Since the program was effective in meeting the specific goal of restoring the injured employee to his required PDL and return him to full duty without restrictions, the efficacy of the program has been proven. Work hardening is for people who have a job to return to who do not currently meet their required PDL and who are felt to be good candidates for completion of the program and return to work. All of these requirements were met, and the patient is working full duty. Based on my own clinical experience, it is necessary to place the patient in a return-to-work, especially after they have been off work for an extended time. They can become entrenched in chronic pain behaviors, and it is necessary to get them into a program that readies them for the work place. This program successfully increased the patient's ability to return to full duty work and therefore substantiates medical necessity for a patient who otherwise may have continued to fall short of his required PDL.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)