

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 08/27/08

**IRO CASE #:**

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

Ten sessions of work conditioning.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon, with extensive experience in the evaluation and treatment of the spine-injured patient

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.4	97545		Prosp.						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial and peer reviews 07/28 & 08/05/2008, and criteria used in the denial (ODG).
3. Treating doctor's office visits 06/18 – 06/29/2008 (4)
4. Hospital stay 11/28/07  
Short Stay Summary  
Operative Reports  
  
H&Ps  
Lab report  
Clinical notes  
Discharge Summary
5. MRI report 06/25/07

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This male with a past history of lumbar spine surgery at the level of L5/S1 on the left side suffered a lifting injury on xx/xx/xx. He underwent a number of physical therapy sessions and work conditioning sessions over the past year, twelve sessions of physical therapy between 06/2007 and 09/2007, ten sessions of work conditioning in 09/2007. A microdiscectomy was performed at L3/L4 on the right side on 11/28/07. He subsequently was readmitted to the hospital on 11/30/07 for evaluation of possible reherniation postoperatively. He underwent ten sessions of work conditioning, six sessions of physical therapy, three Functional Capacity Evaluations, and one epidural steroid injection. Very recently he has undergone ten weeks of work conditioning and another Functional Capacity Evaluation and yet another two weeks of work conditioning. Further work conditioning and a Functional Capacity Evaluation have been requested for preauthorization and denied recently on two occasions.

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

This patient has consumed all physical therapy and work conditioning sessions supported by the ODG. Specifically, the ODG does not support the re-enrollment and repetition of the same or similar programs for the same condition.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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, 2008 Low      Back Chapter, Work Conditioning Passage
- 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
- Other evidence-based, scientifically valid, outcome-focused guidelines