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## Notice of Independent Review Decision

**DATE OF REVIEW:** 08/04/08

**IRO CASE #:**

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

Work hardening – 04/17/08, 04/18/08, 04/22/08, 04/23/08, 04/24/08, 04/25/08, 04/28/08, 04/29/08

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

Licensed in Chiropractics

### **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.

Work hardening – 04/17/08, 04/18/08, 04/22/08, 04/23/08, 04/24/08, 04/25/08, 04/28/08, 04/29/08 – Upheld

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

- job description, 08/30/06
- Missed appointment sheet 2112, 03/25/07, 04/03/08, 04/21/08

- Employer's First Report of Injury or Illness
- Examination evaluation, D.C., 02/06/08
- Internal radiograph report, 02/06/08, 02/14/08, 03/07/08
- Worker's Compensation request for medical care, 02/07/08
- Work hardening daily notes 02/07/08, 02/08/08, 02/09/08, 02/11/08, 02/12/08, 02/13/08, 02/14/08, 02/16/08, 02/18/08, 02/19/08, 02/20/08, 02/22/08, 02/26/08, 02/29/08, 03/03/08, 03/04/08, 03/05/08, 03/12/08, 03/13/08, 03/14/08, 03/17/08, 03/18/08, 03/19/08, 03/20/08, 03/21/08, 03/24/08, 03/25/08, 03/26/08, 03/27/08, 03/28/08, 03/31/08, 04/01/08, 04/02/08, 04/03/08, 04/04/08, 04/07/08, 04/08/08, 04/09/08, 04/10/08, 04/11/08, 04/14/08, 04/15/08, 04/16/08, 04/17/08, 04/18/08, 04/21/08, 04/22/08, 04/23/08, 04/24/08, 04/25/08, 04/28/08, 04/29/08, 04/30/08, 05/30/08, 07/07/08
- Initial report, 02/08/08
- Second opinion pharmaceutical consult, 02/11/08
- MRI of the lumbar spine, D.C., 02/11/08
- Initial evaluation report, 02/12/08
- Pain questionnaire, 02/12/08
- Billing sheet for dates of service of 02/12/08, 04/17/08-04/18/08, 04/22/08-04/23/08, 04/24/08-04/28/08, 04/29/08
- Notice of disputed issue(s) and refusal to pay benefits, 02/12/08
- Adverse determination, 02/12/08, 05/18/08
- Letter of medical necessity, 02/19/08, 06/03/08
- Impairment Rating/FCE billing form, 02/21/08, 03/12/08, 04/07/08, 05/01/08, 07/14/08
- FCE, informed consent, 02/21/08, 03/12/08, 04/07/08, 05/01/08, 07/14/08
- FCE, D.C., 02/21/08
- Authorization for release of records, 02/21/08
- Letter from Psy.D. to Dr. 02/22/08, 03/12/08
- FCE, 03/12/08, 04/07/08, 05/01/08, 07/14/08
- Examination evaluation, D.C., 03/12/08
- Stress and lifestyle-change survey, 03/12/08
- Letter from Office, 03/12/08
- Patient's rights and responsibilities 03/13/08
- Letter from patient regarding missed appointment due to court hearing, 03/18/08, 03/24/08
- Case management summary, work hardening, 03/18/08, 03/25/08, 04/01/08, 04/08/08, 04/15/08, 04/24/08, 04/30/08, 05/07/08
- Letter from Court regarding patient's appearance in court, 04/03/08
- Psychology group note, 03/18/08, 04/01/08, 04/15/08, 04/24/08
- DWC-73, D.C., 02/06/08, 02/22/08, 03/12/08, 05/05/08, 07/07/08
- Partial approval determination, 06/19/08
- IRO request, 07/08/08
- Notice of assignment of IRO, 07/14/08
- IRO summary, 07/16/08

- Letter regarding services offered (no date)
- Stress and lifestyle-change survey (no date)
- work status report (no date)
- Patient orientation and education checklist/questionnaire/personal & demographic information (no date)
- The ODG Guidelines were provided by the carrier or the URA.

### **PATIENT CLINICAL HISTORY (SUMMARY):**

The patient sustained an injury to his lower back on xx/xx/xx. Further medical documentation stated the patient was injured pulling food out of a trailer with a pallet jack when he felt a pulling sensation in his lower back, followed by pain. He has received x-rays, an MRI of the lumbar spine, multiple FCE's, and has participated in a work hardening program. His most recent medications include Etodolac and Cyclobenzaprine.

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

No. Based upon the ***ODG Guidelines***, there are certain criteria for admission into the work hardening program as well as continuation in the program once admitted. The "program timeline" section of the critereon was not met. Specifically the ***ODG Guidelines*** say:

(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demand analysis (PDA).

(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.

(3) Not a candidate where surgery or other treatment would clearly be warranted to improve function.

(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.

(5) A defined return to work goal agreed to by the employer & employee:  
 (a) A documented specific job to return to with job demands that exceed abilities, OR  
 (b) Documented on-the-job training

(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with 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.

(7) 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.

(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (*The Work Hardening Program did not comply with this criterion.*)

(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.

(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

Therefore, my finding is for a denial regarding the dates of 04/17/08, 04/18/08, 04/22/08, 04/23/08, 04/24/08, 04/25/08, 04/28/08, 04/29/08 in the work hardening program as being medically reasonable and necessary based on the **ODG Guidelines**, specifically criteria #8.

**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)**