

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 2/11/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97545: Work hardening/conditioning; initial 2 hours (18 sessions - 3x6)

97546: Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from Parker College of Chiropractic, Dallas, TX and completed training in Chiropractor at Parker College of Chiropractic, Post-Graduate. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Chiropractor since 1986.

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)

97545: Work hardening/conditioning; initial 2 hours (18 sessions - 3x6) Upheld

97546: Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 1/24/2008
2. Review organization dated 1/24/2008
3. Authorization recommendation, dated 1/18/2008
4. Non authorization dated 1/24/2008
5. Independent review organization dated 1/24/2008
6. Case assignment dated 1/24/2008
7. Clinical note dated 1/24/2008
8. Notice to utilization review dated 1/24/2008
9. Cervical and upper back dated 1/28/2008
10. IRO request form dated 1/24/2008
11. Texas outpatient non-authorization by RN, dated 1/18/2008 and 1/24/2008
12. Request for review dated 1/24/2008
13. Request for reconsideration dated 1/28/2008
14. Clinical note dated 1/28/2008
15. Clinical note by MD, dated 10/4/2007
16. Report of medical evaluation dated 10/4/2007
17. Clinical note dated 8/10/2007
18. Disability questionnaire dated 8/10/2007
19. Clinical note dated 8/10/2007
20. Functional capacity evaluation dated 1/26/2006
21. Texas outpatient by RN, dated 1/18/2006 and 1/24/2006

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22. Clinical note dated 1/24/2008
23. Clinical note dated 1/24/2008
24. Clinical note dated 1/28/2008
25. Narrative report by MD, dated 10/4/2007
26. Clinical note dated 1/28/2008
27. Narrative report by MD, dated 10/4/2007
28. Consult note dated 1/28/2008
29. Operative report by MD, dated 1/17/2007
30. Clinical note dated 2/6/2005
31. Pre-authorization request dated 11/10/2006
32. Letter of reconsideration by MD, dated 10/11/2006
33. MRI of lumber spine by MD, dated 5/2/2006
34. Official Disability Guidelines
35. Independent review organization, dated 1/24/2008
36. Consultant's medical report by MD, dated 2/6/2007
37. Clinical note dated 2/6/2007
38. Progress note dated 2/6/2007
39. Clinical note dated 2/6/2007
40. Consultant's medical report by MD, dated 4/3/2007
41. Progress note dated 4/3/2007
42. Clinical note dated 4/3/2007
43. Consultant's medical report by MD, dated 5/8/2007
44. Clinical note dated 5/8/2007
45. Progress notes dated 5/8/2007
46. Clinical note dated 5/8/2007
47. Clinical note dated 4/3/2007
48. Clinical note dated 6/13/2007
49. Initial consultation report by MD, dated 6/27/2006
50. Clinical note dated 6/27/2006
51. Prescription note dated 1/31/2008
52. Progress notes dated 6/27/2006
53. Clinical note dated 6/27/2006
54. Clinical note dated 6/27/2006
55. Clinical note by MD, dated 7/31/2006
56. Progress note dated 7/31/2006
57. Clinical note dated 7/31/2006
58. Consultant's medical report by MD, dated 8/7/2007
59. Clinical note dated 1/31/2008
60. Clinical note dated 8/7/2007
61. Progress notes dated 8/7/2007
62. Clinical note dated 8/7/2007
63. Clinical note dated 8/22/2006
64. Medical record by MD, dated 8/22/2006
65. Progress notes dated 8/22/2006
66. Clinical note dated 8/22/2006
67. Consultant's medical report by MD, dated 10/3/2006
68. Clinical note dated 10/3/2006
69. Clinical note by MD, dated 10/3/2006
70. Progress note dated 10/3/2006
71. Clinical note dated 10/3/2006
72. Clinical note dated 10/3/2006
73. Consultant's medical report by MD, dated 11/29/2006
74. Clinical note dated 11/29/2006
75. Consultant medical report by MD, dated 11/29/2006
76. Progress notes dated 11/29/2006
77. Clinical note dated 11/29/2006
78. History and physical by MD, dated 4/9/2007
79. Operative report by MD, dated 4/9/2007
80. Physician orders dated 1/31/2008
81. Clinical note by MD, dated 4/9/2007
82. Surgery checklist dated 8/7/2006

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83. Physician orders dated 1/31/2008
84. Surgery checklist dated 1/17/2007
85. Clinical note dated 4/4/2007
86. Clinical note dated 11/30/2006
87. Clinical note dated 11/14/2006
88. Clinical note dated 10/24/2006
89. Clinical note dated 10/5/2006
90. Clinical note dated 8/3/2006
91. Clinical note dated 7/6/2006
92. Clinical note by MD, dated 3/7/2007
93. Clinical note dated 3/7/2007
94. Clinical note by MD, dated 3/7/2007
95. Discharge summary by MD, dated 1/18/2007
96. Operative report by MD, dated 1/17/2007
97. Preliminary report by MD, dated 1/22/2007
98. Operative report by MD, dated 1/17/2007
99. Progress report dated 11/28/2006
100. Evaluation summary, dated 10/24/2006
101. Clinical note by MD, dated 8/25/2006
102. Clinical note by MD, dated 8/7/2006
103. History and physical by MD, dated 8/7/2006
104. Discharge summary by MD, dated 8/8/2006
105. Operative report by MD, dated 8/7/2006
106. Clinical note dated 7/18/2006
107. Clinical note by MD, dated 5/2/2006
108. Clinical note by MD, dated 5/2/2006
109. Clinical note by MD, dated 5/2/2006
110. Clinical note by MD, dated 5/2/2006
111. Clinical note by MD, dated 3/27/2006
112. Clinical note dated 3/20/2007
113. Clinical note dated 4/4/2006
114. Clinical note dated 4/9/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who was injured while putting up some boxes; he developed neck pain. The treatment that followed examination and x-rays was NSAID and muscle relaxants. He received physical therapy until 8/2006, when he had surgical fusion of the cervical spine with instrumentation. The hardware was surgically removed in 1/2007. On 4/9/2007 he underwent a discectomy and laminectomy of L4-5. His last physical therapy was in 2/2007. Per clinical notes from 10/4/2007, the injured employee was diagnosed with cervical radiculopathy and greater occipital nerve syndrome. Comprehensive physical therapy and transition into a work hardening or work conditioning program was recommended for the injured employee.

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

This is a employee who was injured while putting up some boxes. He was diagnosed with cervical and lumbar disc disorders without myelopathy. He was treated with NSAIDS, muscle relaxants, and physical therapy until 8/2006. On 8/7/2006 he had C5-6 anterior cervical discectomy/fusion with instrumentation. The hardware was removed on 1/17/2007 due to swallowing difficulties. His last physical therapy for the cervical and lumbar spine was in 2/2007. On 4/9/2007 he had a left L5-S1 hemilaminotomy, medial facetectomy, foraminotomy and microdiscectomy. On follow-up visit with the neurosurgeon, Dr, on 5/8/2007, his plan was to release the injured worker in 6-12 weeks with an FCE and full duty work release. On 8/7/2007 Dr stated that the injured worker was doing well and he was released from care. He was instructed to wean off Vicodin and take over-the-counter medications. It appears from Designated Doctor evaluation on 10/4/2007 that he had no post-op therapy following his low back surgery. He was not certified at MMI. Comprehensive physical therapy and transition into a work hardening or work conditioning program was recommended. 18 sessions (3 x 6 weeks) of work hardening have been requested by Dr.

In accordance with ODG Guidelines, these programs should only be utilized for select patients with substantially lower capabilities than their job requires. The best way to get an injured worker back to work is with a modified duty return to work program, rather than a work conditioning program, but when an employer cannot provide this, a work conditioning program specific to the work goal may be helpful. The worker must have a documented specific job to return to with job demands that exceed abilities, or documented on-the-job training. Treatment should not exceed 2

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weeks without demonstrated efficacy (subjective and objective gains). They may be considered in the sub acute stage when it appears that exercise therapy alone is not working and a biopsychosocial approach may be needed. The worker must be able to benefit from the program. 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.

This injured worker clearly does not fit these parameters. He had an FCE on 8/10/2007 with severe neck and low back pain index scores. He also reported significant 7-9/10 cervical and lumbar pain with static lifting tasks. There were moderate to severe limitations in all cervical and lumbar ranges of motion. Given these factors it is unlikely that he would be able to benefit from work hardening, above the level where he is currently functioning. Relative to his actual functional capacity, he showed fair cardiovascular fitness; he was above competitive during sustained upper level reach, sustained standing position reaching, and crouching/squatting activities with sustained reaching. He also demonstrated a job match for all of his job demands, except carrying and lifting. His previous occupation has a maximum lift job demand of 50 lbs. He was able to carry 30 lbs, lift 40 lbs waist to shoulder, lift 40 lbs floor to waist, and lift 30 lbs floor to shoulder. This claimant does not have substantially lower capabilities than his job requires. In addition, there are no psychosocial issues documented to support the medical necessity for a multidisciplinary Work Hardening program. In peer-to-peer discussion with the previous reviewer Dr stated that the patient would not be returning to his previous job and was looking for new work.

Therefore, the work hardening/conditioning is deemed not medically necessary. The previous denial is upheld.

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)