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Notice of Independent Review Decision

DATE OF REVIEW: 01-19 -08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 20 sessions

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

Certified by the National Board of Chiropractic Examiners

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturn
		Prospective	724.2	97545	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Preauthorization Determination dated 11-01-07
 Preauthorization Review Summary Printed: 11-02-07; 11-30-07
 Preauthorization Physician Review form 11-26-07
 Pre-Authorization Request – Work Hardening

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starting/ending dates: 10-29-07 to 11-23-07 and 11-26-07 to 12-21-07

Patient Profile

Employment Return to Work Agreement – notarized
Individual Work Hardening Schedule and Treatment Plan
Physician prescription for work hardening 10-05-07
Ergos Evaluation Summary Report 10-09-07
Consultation Dates of Service; 10-05-07; 10-05-07
Behavioral Assessment of Pain - Medical Stability – Clinical Report 10-09-07
Maximum Medical Improvement (MMI) and Impairment Rating (IR) Evaluation
Date of Report 10-04-07
Computerized Spinal Range of Motion Exam 08-02-07; 09-18-07
DWC Form-73 10-04-07; 08-01-07
Lumbar Spine X-rays with Flexion & Extension Views 09-13-07
MRI Lumbar Spine w/o Contrast report 09-10-07
Functional Capacity Evaluation Summary (FCE) 09-18-07
S.O.A.P. Notes 08-01-07, 08-02-07, 08-06-07, 08-14-07, 08-21-07, 08-28-07, 09-19-07, 09-26-07, 10-05-07, 10-17-07, 11-01-07, 11-06-07, 12-05-07,
Worker Injury Accident Investigation Report
Carrier Notice
Provider recommendation dated 01-18-08
Official Disability Guidelines (ODG) Chapter Fitness for Duty; Work Conditioning and Work Hardening

PATIENT CLINICAL HISTORY:

This claimant was injured when “another co-worker slipped and fell into the claimant”. The claimant complained of pain in the lower back. The claimant was evaluated, treated and returned to work without restrictions. The diagnosis was L3 – L4 2mm Superimposed Disc Herniation, Multi-level Disc Bulging – documented on MRI. FCE was done on 09-18-07.

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

The Reviewer noted that based on the past medical history obtained on 08-01-07, the claimant had a prior lumbar spine injury in xxxx. The assessment was strain/sprain of the lumbar spine. Based on the records, the claimant was certified at MMI by a designated doctor on 09-13-07 with no further material recovery anticipated. In the report of 09-13-07, it was stated that the claimant should follow with the treating provider post MMI. The Reviewer noted no reference for an intensive multidisciplinary work hardening program or need for a work hardening program.

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Following the ODG Guidelines, the requirement for a return to work program is not established as the claimant is working as noted in the 10-12-07 and 11-01-07 provider notes. The Reviewer commented that the employment work agreement was an agreement between the employee and the treating physician. There was no evidence in the records for a defined return to work agreement between the claimant's current employer and the employee as stipulated in ODG.

There was no convincing evidence in the records provided that this claimant would be able to achieve the desired goals of heavy physical demands with consideration of existing lumbar spinal degenerative disc disease. There is no objective evidence in the records provided that the claimant had demonstrated significant therapeutic benefit from less intensive intermediate physical rehabilitative efforts that would support progression in to more intensive rehabilitative efforts.

The Reviewer noted that "the claimant will be returned to work upon completion of the program whether or not (the claimant) feels fully recovered." As this appears to be the claimant's current status without the intensive work hardening program, the requirement for the work hardening program is not established.

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**

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- 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)**