



Specialty Independent Review Organization

## Notice of Independent Review Decision

**DATE OF REVIEW:** 1/16/2008

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of 30 sessions of work hardening.

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

A Doctor of Chiropractic with greater than 10 years of experience.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 30 sessions of work hardening.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

Chiropractic

These records consist of the following (duplicate records are only listed from one source):

Records received from Chiropractic: Dr. DDE – 11/17/07 Spine Care chart notes – 1/7/08; Chiropractic second pre-authorization request – 12/17/07; DC Physical Performance Evaluation – 7/5/07-10/24/07; Do evaluation – 10/5/07; Imaging MRI lumbar spine report – 10/26/06; Imaging MRI right shoulder and cervical spine report – 10/26/06; Dr. NCV and Electrodiagnostics – 11/16/06. Records received from: claims notes – 12/10/07; Chiropractic pre-authorization request – 12/3/07 - 11/1/07; MD operative report – 10/8/07

A copy of the ODG guidelines was not provided by the Carrier/URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the records received and reviewed, the patient was injured in a work related accident on xx/xx/xx. The patient was working as a when he was lifting an AC compressor weighing approximately 100 lbs and attempted to throw the unit into a disposal bin when he suffered injuries. The patient suffered injuries to the neck, right shoulder, and low back. MRI's were performed to the cervical and lumbar regions demonstrating disc desiccation, anterior spondylosis, annular bulges and facet arthropathy at L4-5, and L5-S1. At C4-5 a 2 mm disc protrusion was noted with mild canal stenosis and moderate bilateral neural foraminal narrowing. MRI to the right shoulder demonstrates grade 1 strain and mild tendinosis of the supraspinatus tendon with subacromial bursitis. The patient has attended a chronic pain management program and the current request is for work hardening for 6 weeks.

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

The entrance criteria per DWC include the following:

1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three days a week.
2. A defined return to work goal agreed to by the employer & employee:
  - a. A documented specific job to return to, OR
  - b. Documented on-the-job training
3. The worker must be able to benefit from 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.
4. 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.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks or less.

The documentation does not support the medical necessity of work hardening. The patient has had a protracted course of care and has already attended a chronic pain program which is considered a tertiary care method. In addition, there is no specified return to work goal agreed to by the employer and employee. There is a notation in the file that the treating doctor "literally do[es] not need a written job description from the employer." The patient also exceeds all normative data for his injuries. The ODG as adopted by DWC states that a work hardening program should be completed in 4 weeks or less thus the patient does not meet the entrance criteria for a work hardening program.

**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)