



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 01/14/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Follow-up visits every six to eight weeks for the next six months

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

Board Certified in Orthopedic Surgery

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.

Follow-up visits every six to eight weeks for the next six months - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MRIs of the lumbar spine interpreted by, M.D. dated 03/21/06 and 07/10/07
Evaluations with Dr. (no credentials were listed) dated 04/12/06 and 04/19/06

An EMG/NCV study interpreted by, M.D. dated 04/19/06

Physical therapy with Dr. dated 04/26/06, 04/27/06, 04/28/06, 05/01/06, 05/03/06, 05/05/06, 05/08/06, 05/10/06, 05/12/06, 05/15/06, 05/17/06, 05/19/06, 05/24/06, 05/26/06, 05/30/06, 05/31/06, 06/01/06, 06/05/06, 06/07/06, 06/19/06, 06/21/06, 06/27/06, 06/28/06, 06/30/06, 07/02/06, 07/06/06, 07/10/06, 07/12/06, 07/14/06, 07/18/06, 07/20/06, 01/11/07, 02/05/07, 02/07/07, 02/20/07, 02/21/07, 02/23/07, 02/26/07, 02/28/07, 03/01/07, 03/08/07, 03/09/07, 03/13/07, 03/15/07, 05/07/07, 05/11/07, 05/15/07, 05/18/07, 05/22/07, 05/24/07, 05/31/07, 06/07/07, 06/08/07, 06/11/07, 06/13/07, 06/15/07, 06/18/07, 06/21/07, 06/22/07, 06/25/07, 06/27/07, 06/29/07, 07/02/07, 07/06/07, 07/09/07, 07/17/07, and 08/09/07

Evaluations with, M.D. dated 05/05/06, 06/09/06, 06/23/06, 07/10/06, 07/21/06, 08/18/06, 08/31/06, 09/19/06, 10/17/06, 10/30/06, 11/13/06, 12/05/06, 01/08/07, 02/05/07, 03/05/07, 04/03/07, 05/11/07, 06/11/07, 06/25/07, 07/24/07, 08/20/07, 09/17/07, and 10/15/07

MRIs of the thoracic and cervical spine interpreted by Dr. dated 05/30/06

Functional Capacity Evaluations (FCEs) with an unknown provider (signature was illegible) dated 07/25/06 and 07/17/07

A work hardening mental health evaluation with guez, M.Ed., L.P.C. dated 08/04/06

An operative report from Dr. dated 12/11/06

An evaluation with, D.C. dated 02/07/07

Laboratory studies dated 06/11/07

An evaluation with, M.Ed., L.P.C. dated 08/08/07

Notes from an unknown provider (no name or signature was available) dated 09/10/07 and 10/12/07

Work hardening notes from Dr. dated 09/11/07, 09/12/07, 09/13/07, 09/14/07, 09/17/07, 09/18/07, 09/19/07, 09/20/07, 09/24/07, 09/26/07, and 10/12/07

Group therapy with Mr. dated 09/14/07, 09/18/07, and 09/26/07

An impairment evaluation with, D.C. dated 11/16/07

A letter of non-certification, according to the an unknown source, from , D.O. at dated 11/20/07

A procedure request from Dr. dated 11/27/07

Letters of non-certification, according to the ODG, from, M.D. at dated 12/04/07 and 12/21/07

The ODG criteria utilized was not provided by the carrier or URA

PATIENT CLINICAL HISTORY

An MRI of the lumbar spine interpreted by Dr. on 03/21/06 revealed disc pathology at L4-L5 and L5-S1. On 04/12/06, Dr. recommended physical therapy. An EMG/NCV study interpreted by Dr. on 04/19/06 was normal. Physical therapy was performed with Dr. from 04/26/06 through 08/09/07 for a total of 67 sessions. On 05/05/06, Dr. recommended MRIs of the thoracic and cervical spines, Ultracet, and Motrin. MRIs of the thoracic and cervical spines interpreted by Dr. on 05/30/06 revealed straightening of the mid-thoracic kyphosis, cervical lordosis, and disc pathology at C5-C6. On 06/09/06,

Dr. recommended an epidural steroid injection (ESI). A second ESI was performed by Dr. on 06/23/06. Based on an FCE with the unknown provider on 07/25/06, a work hardening program was recommended. On 10/17/06, Dr. recommended lumbar spine surgery. Lumbar surgery was performed by Dr. on 12/11/06. On 02/07/07, Dr. recommended physical therapy three times a week for four weeks. On 04/03/07, Dr. recommended work hardening and physical therapy. An MRI of the lumbar spine interpreted by Dr. on 07/10/07 revealed disc pathology at L5-S1 with enhancing fibrosis at L4-L5. Based on another FCE on 07/17/07, further physical therapy was recommended to be followed by a work hardening/conditioning program. On 08/08/07, Mr. recommended psychotherapy. Work hardening was performed with Dr. from 09/11/07 through 10/12/07 for a total of 11 sessions. Group therapy was performed with Mr. on 09/14/07, 09/18/07, and 09/26/07. On 11/16/07, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 10% whole person impairment rating. On 11/20/07, Dr. wrote a letter of non-certification for follow-up visits every six to eight weeks for the next six months. On 11/27/07, Dr. again requested follow-up visits every six to eight weeks for six months. On 12/04/07 and 12/21/07, Dr. wrote letters of non-certification for the follow-up visits.

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

This patient is stable. She is not using any significant amounts of medication and she can be seen every six months maximum. In the event there are objective changes, she can be seen on an as needed basis. Therefore, the follow-up visits every six to eight weeks over the next six months are neither reasonable nor necessary. The screening criteria include the follow-up recommendations in the ODG.

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 AND KNOWLEDGE BASE
- 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)