

# MEDICAL REVIEW OF TEXAS

10817 W. Hwy. 71  
Phone: 512-288-3300

Austin, Texas 78735  
FAX: 512-288-3356

Notice of Independent Review Decision

**DATE OF REVIEW: MARCH 31, 2008**

**IRO CASE #:**

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

Work Hardening Program 20 sessions

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

Doctor of Chiropractic with 20 years of clinical experience in Texas  
Diplomate, American Academy of Pain Management  
Fellow, American Academy of Spine Physicians  
Fellow, International College of Chiropractic Physicians  
Fellow, American Board of Disability Analysts  
Fellow, American Back Society  
National Board Certified in Chiropractic Clinical Practice, Physiotherapy & Rehabilitation

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Confirmation of Request for IRO, 03/12/2008
2. Request for Independent Review, 03/12/2008
3. Request for review by Independent Review Organization, 03/03/2008
4. Appeal Denial of Reconsideration, 02/26/2008
5. Initial Denial of Requested Services, 02/18/2008
6. Therapy Notes, Medical Records, Evaluation Reports, DC, 03/17/2008
7. Request for Preauthorization, 02/13/2008
8. Medical Management Assignments, RN, 02/25/2008, 02/21/2008
9. Medical Management Assignments, 02/18/2008
10. Chronic Pain Management Reports, Psychosocial Evaluations, MA, LPC, PhD, 02/11/2008
11. Physician's Orders for physical therapy, MD, 02/05/2008, 02/25/2008
12. Functional Abilities Evaluations, OTR, 01/16/2008
13. Medical Management Notes, 12/17/2007
14. Designated Doctor Evaluation, MD, 06/22/2007, revised 11/05/2007
15. Additional Physician's notes and orders, MD, MD, 03/20/2007
16. ODG Guidelines not included.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Injured worker is a xxx who injured his lower back while lifting luggage from a shuttle bus. He presented to his primary care doctor on 03/20/2007 and was diagnosed with lumbar disc syndrome. He was then referred for physical therapy, sacroiliac injections and was given oral medications. Imaging confirms thoracic and lumbar spondylosis with L4/5 facet arthrosis. The patient was referred to an orthopedic surgeon, MD. Additional facet injections were ordered but apparently denied by carrier. The injured worker is referred for evaluation at Injury Center and recommendations are made for 20 sessions of work hardening.

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

There appears to be some dispute over the nature of the injury accepted by carrier and acknowledged by physician reviewers. Notations from designated doctor MD, from 11/05/08 suggest that additional information has been submitted and reviewed in its entirety. This information included a letter of clarification from the Texas Department of Insurance disputing the impairment rating. He notes that no records were available at the time of examination indicating to response to injection, recommendation for repeat injection or for work

hardening. DD states that "in light of additional information, I would place Mr. **not** at MMI yet, until he completes his additional injection and work hardening program."

The recommended work hardening program appears to meet the criteria for a multidisciplinary biopsychosocial rehabilitation, work simulation, professionally graded conditioning exercises based in the individuals measured tolerances. The recommended program meets all general criteria for a reasonably appropriate WH program oriented to successful outcome. Necessity for further treatment is 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
- 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

**X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE**

- \* Beissner K. et.al, *Factors Relating to Successful Work Hardening Outcomes*, Am J Occup. Ther 1986;40:841-843
- \* Industrial Physical Therapy Outcomes Assessment, JPT, Vol. 76. No. 11, November 1996
- \* Hazard RG et al, *Functional Restoration with Behavioral Support, Study of Patients with Chronic Low Back pain*, Spine, 1989; 14:157-161

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)