MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: **MARCH 26, 2008**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
20 sessions of an outpatient work hardening program

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

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X 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. Initial Carrier denial, dated 1/22/2008
2. Treating doctor's reconsideration appeal, undated
3. Carrier's denial of reconsideration, dated 2/15/2008
4. Attorney's IRO request cover letter, dated 3/13/2008
5. Medical doctor's consultation, dated 2/8/2008
6. Ergo Evaluation Summary report, dated 11/21/2007
7. Behavioral Assessment of Pain report, dated 12/3/2007

8. Designated doctor DWC-69, properly executed DWC Form-73 and report, stating NOT at MMI, dated 5/17/2007
9. Treating doctor (previous) DWC-69 and report, dated 5/1/2007
10. Treating doctor's (previous) "daily progress notes," multiple dates
11. Functional capacity evaluation and report, dated 5/8/2007
12. Designated doctor DWC-69 and report, AT MMI, dated 11/2/2007
13. Carrier-selected RME with report, dated 8/8/2007
14. Electrodiagnostic evaluation and report, dated 11/15/2006
15. Lumbar spine MRI report, dated 11/8/2006

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a xx-year-old male who, on xx/xx/xx, began experiencing lower back pain after lifting heavy boxes over his head, twisting with them, and then dumping them into a large container. He subsequently received extensive physical therapy, injections, a home exercise program, supervised physical therapy, and pain medications. He is now being considered a candidate for a work hardening program.

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

According to ODG, *Integrated Treatment/Disability Duration Guidelines,* the criteria for admission to a Work Hardening Program, item #2(a) in the list states that there must be a "documented specific job to return to." However, according to the records submitted for review, the claimant indicated to the designated doctor in his report dated 11/2/2007 that he had not returned to work because his current company was being closed down. Therefore, on that basis alone the claimant fails to meet the ODG requirements for entrance into a work hardening program.

Furthermore, based on the extensive physical therapy, including a home exercise program, in which this claimant has already participated, it is unlikely that "more of the same" will render any different result. Current medical literature states, "…there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence

for the effectiveness of multidisciplinary rehabilitation as compared to usual care."[1] Additionally, the literature states "…that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities…"[2] And a systematic review of the literature for a multidisciplinary approach to chronic pain found in only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.[3] Based on those studies, and the fact that the claimant does not meet the specific criteria for entrance into a work hardening program, the proposed 20 sessions are unsupported as medically necessary.

[1] Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.
[1] Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.
[1] Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.

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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**

X **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**

[1]Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.

[2]Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.

[1] Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.

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