



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 03/31/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of work hardening

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

Licensed by the Texas State 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)

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.

Twenty sessions of work hardening – Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the right shoulder interpreted by M.D. dated 10/12/05

An MRI of the lumbar spine interpreted by M.D. dated 10/12/05
EMG/NCV studies interpreted by M.D. dated 12/19/05 and 01/16/06
Evaluations with M.D. dated 04/26/06 and 05/31/06
An evaluation with M.D. dated 05/03/06
An operative report from Dr. dated 05/16/06
Evaluations with M.D. dated 08/10/06, 10/05/06, 11/17/06, 04/13/07, 05/04/07,
and 02/22/08
Operative reports from Dr. dated 02/01/07, 03/22/07, and 10/12/07
A progress summary from M.A. and, Ph.D., L.P.C. dated 02/28/07
A procedure note from Dr. dated 05/18/07
An evaluation with M.D. dated 08/25/07
A Physical Performance Evaluation (PPE) dated 02/05/08
An evaluation with D.C. dated 02/20/08
An updated interview with Therapist and Dr. dated 02/22/08
Medication prescriptions from Dr. dated 02/22/08
Preauthorization requests from Dr. dated 02/22/08, 02/25/08, and 03/03/08
A letter of non-certification, according to the ODG, from D.C. dated 02/29/08
A letter of non-certification, according to the ODG, from D.C. dated 03/07/08
An undated employment opportunity note
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the right shoulder interpreted by Dr. on 10/12/05 revealed mild tendinosis of the distal supraspinatus, moderate AC arthrosis, and chronic impingement of the posterolateral humeral head. An MRI of the lumbar spine interpreted by Dr. on 10/12/05 revealed degenerative changes and a disc bulge/protrusion at L4-L5, disc bulging/protrusion at L5-S1, and a disc bulge at L3-L4 with degenerative changes. An EMG/NCV study interpreted by Dr. on 12/19/05 revealed subacute right L5-S1 radiculopathy. Another EMG/NCV study interpreted by Dr. on 01/16/06 revealed mild right carpal tunnel syndrome. On 04/26/06, Dr. recommended lumbar facet injections, Biofreeze gel, and physical therapy. On 05/03/06, Dr. recommended a surgical decompression. On 05/16/06, Dr. performed lumbar facet injections. On 02/01/07 and 03/22/07, Dr. performed cervical epidural steroid injections (ESIs). On 02/28/07, Therapist and Dr. recommended a work hardening program. On 04/13/07, Dr. recommended trigger point injections, Lexapro, and Ultram. On 05/18/07, Dr. performed trigger point injections. On 08/25/07, Dr. recommended a single level fusion. Another cervical ESI was performed by Dr. on 10/12/07. A PPE with Mr. on 02/05/08 indicated the patient functioned at the light physical demand level. On 02/20/08, Dr. recommended physical therapy. On 02/22/08, Therapist and Dr. again recommended a work hardening program. On 02/22/08 and 03/03/08, Dr. provided preauthorization requests for the work hardening program. On 02/29/08, Dr. wrote a letter of non-authorization for 20 sessions of a work hardening program. On 03/07/08, Dr. also wrote a letter of non-authorization for 20 sessions of the work hardening program.

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

It appears that the patient has exhausted most forms of treatment with some minor improvement. The patient has a desire to attempt to return to work. His treating doctors attempted returning him back to modified duty, but the employer will not satisfy any kind of restrictions in his job duties. For him to have a chance of returning back to work without restrictions to accommodate his employer, he is going to have to go through a work hardening program to try to increase his conditioning and overall strength. Based upon the ODG and ACOEM Guidelines, the chances that he will succeed in the work hardening program are very low given the period of time he has been off of work; however, there are a certain percentage of people that do respond to this kind of program. I feel that this patient is entitled to an attempt at return to work and a work hardening program is his best option. Therefore, my recommendation is for approval of the 20 sessions of work hardening.

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)**