

Notice of Independent Review Decision

DATE OF REVIEW: 03-22-08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty (20) sessions work hardening program

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

Certified by the National 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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	722.10 724.6 728.85	97545	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notice of Determination dated, 02-04-08 and 03-03-08
Request for an Appeal dated, 02-22-08

Notice of Independent Review Decision
Page 2

Pre-certification for work hardening program dated, 01-10-08
Examination Findings dated, 11-21-07
Re-examination Report dated, 10-22-07
Psychological Evaluation dated, 11-13-07
Functional Capacity Exam (FCE) dated, 11-13-07
Official Disability Guidelines (ODG): Work conditioning, Work hardening

PATIENT CLINICAL HISTORY:

This claimant injured the low back area. The claimant underwent L4/5 fusion. The treatment included physical therapy, occupational therapy, chiropractic adjustments, exercise therapy, stretching, heat/ice and topical analgesics. The claimant also received injections. An FCE was done on 11-13-07. Subsequently, the treating doctor requested work hardening program.

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

The Reviewer noted that from the records, the claimant does not have any remarkable mental disorder or illness that would support the requirement for a work hardening program. Based on the FCE, there were some values that question maximal effort and reliability. According to the Reviewer, the FCE appeared to be done in prelude to a chronic pain management program.

From the records, the Reviewer commented that there is no defined return to work goal agreed to by the employer and employee. In line with ODG, there is no evidence that the worker will benefit from the program. Therefore, the medical necessity for the work hardening program is not established in this case.

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**

Notice of Independent Review Decision
Page 3

- 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)**