



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 5/19/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

A work hardening program (97545) and WH additional hours (97546) times 20 sessions (5x/week for 4 weeks) is the service under dispute.

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

The reviewer is a Doctor of Chiropractic who has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
DC, MD,

These records consist of the following (duplicate records are only listed from one source): Dr. 5/5/08 letter to IRO, 3/14/08 job task form, 8/30/07 lumbar MRI, 12/7/07 D report by MD, 4/9/08 carrier denial form, 4/4/08 program request, 4/10/08 program appeal, 3/17/08 interim report, SOAP notes from 2/21/08 to 3/17/08 by Dr. rehab protocol sheets 2/21 through 3/13/08, psych eval of 3/18/08, 3/18/08 FCE, ESI script 2/1/08, 3/20/08 denial letter, 2/7/08 denial letter, 2/7/08 intent to issue denial letter, 4/15/08 letter of agreement, 4/9/08 reconsideration

request acknowledgement, 4/10/08 denial letter and 4/4/08 suspension of benefits letter.

Dr.: 1/24/08 SOAP note.

7/27/07 DWC 69 with 1 pg report by, MD., 10/29/07 report by MD and 8/30/07 lumbar and thoracic MRI.

Forte: 4/30/08 letter, 4/18/08 denial letter & 4/11/08 authorization request for WH.

We did not receive a copy of the ODG from the carrier or the URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This male was injured while carrying a toolbox in the course and scope of his employment. His injury occurred when his co-worker lost control of one end of a truck toolbox causing the patient to have back pain. He has been treated conservatively via both chiropractic and allopathic means. He has apparently been removed from 'restricted duty' and the current request is to perform a WH program.

He has been placed at MMI by his previous TD and removed from this status from the latest DD exam in December of 2007. The records indicate another DD exam is scheduled in the near future; however, the records are not available at the time of this report.

The most recent job requirement form from the employer the need to perform: occasional floor lifting, carrying, pushing and pulling while infrequent overhead and shoulder lifting are necessary. The remainder of the document is difficult to read as it has black 'fax marks' through the activities. I have attempted to reproduce the findings as accurately as possible. Constant standing is required along with occasional lifting and bending/stooping. Frequent walking is needed along with infrequent over head lifting, reaching out, crawling, kneeling, squatting and fingering.

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

The FCE indicates that he was suffering from an inability to constantly stand; however, the testing protocols did not indicate why he was felt to be restricted in this area. He was able to climb stairs for 3 minutes with a moderate increase in blood pressure and heart rate. His pain increased from a 6 to an 8. This increase in heart rate does not appear to indicate that the patient is fully deconditioned. This rate indicates he was functioning at 72.8% of his cardiac max.

A number of the job description summaries listed by the FCE do not correspond to the requirements indicated by the employer. (squatting, bending and walking were not the same).

The ODG indicates Criteria for admission to a Work Hardening Program:

1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
2. A defined return to work goal agreed to by the employer & employee:
 - a. A documented specific job to return to with job demands that exceed abilities, OR
 - b. Documented on-the-job training
3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

It is not clear to the reviewer that this patient has met all of the above criteria. Specifically, an agreed upon return to work goal was not provided via the documentation between the employer and the patient. It is not clear to the reviewer as well that this patient requires a work hardening program at this time as all primary and secondary treatments have not been exhausted at this point.

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
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)