



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 05/13/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 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.

10 sessions of work hardening - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MRIs of the lumbar and thoracic spine interpreted by, M.D. dated 09/07/07

An EMG/NCV study interpreted by, M.D. dated 10/24/07
An evaluation with, M.D. dated 01/07/08
A Functional Capacity Evaluation (FCE) with, B.S. dated 01/10/08
A mental health evaluation with, M.A., L.P.C.-I. and, Ph.D. dated 01/24/08
Physical Performance Evaluations (PPEs) with Mr. dated 03/10/08 and 03/25/08
Preauthorization request letters from, D.C. dated 03/17/08 and 03/26/08
A preauthorization request letter from to, D.C. dated 03/20/08
An evaluation with, D.C. dated 03/21/08
Letters of non-certification, according to the ODG, from dated 03/21/08 and 04/01/08
A letter of non-certification, according to the ODG, from, D.C. dated 03/31/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the lumbar spine interpreted by Dr. on 09/07/07 revealed disc pathology at L4-L5 and L5-S1. An MRI of the thoracic spine interpreted by Dr. on 09/07/07 was normal. An EMG/NCV study interpreted by Dr. on 10/24/07 revealed an acute left S1 radiculopathy. On 01/07/08, Dr. recommended a lumbar epidural steroid injection (ESI), but the patient refused. An FCE with Mr. on 01/10/08 indicated the patient could function at the medium physical demand level. On 01/24/08, Ms. and Dr. recommended a work hardening program. A PPE with Mr. on 03/10/08 again indicated the patient could function in the medium physical demand level. On 03/17/08, Dr. recommended 10 more sessions of a work hardening program. On 03/20/08, Dr. wrote a letter of non-authorization for the work hardening program. On 03/21/08, Dr. felt the patient was not at Maximum Medical Improvement (MMI) and recommended continuation of the work hardening program. Another PPE with Mr. on 03/25/08 indicated the patient still functioned in the medium physical demand level. On 03/26/08, Dr. again requested 10 sessions of a work hardening program. On 03/31/08, Dr. wrote a letter of non-authorization for the work hardening.

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

Based upon the submitted documentation and the observations as noted above, it is my opinion that the documentation does not support that the request for an additional 10 sessions of work hardening is reasonable and/or medically necessary. The ODG clearly notes that specialized back pain rehabilitation centers are rare and only a few patients can participate in this therapy. It is also unclear on how to select dual benefits, what combinations are effective in individual cases, how long treatment is beneficial and, if used, treatment should not exceed two weeks without demonstrated efficacy which includes both subjective and objective gain. It is quite clear from the documentation provided that the patient has not made any substantial gains after having undergone two

weeks or 10 sessions of a highly aggressive return to work program. Based upon a trial of two weeks, it is highly unlikely that this patient is going to benefit from any additional work hardening program. In closing, it is my opinion that the request of an additional 10 sessions of work hardening does not satisfy the ODG criteria for continuation of the work hardening program and my opinion is to uphold the decision for denial.

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)