



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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1-800-426-1551 | 715-552-0746  
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medworkiro@charterinternet.com  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**DATE OF REVIEW: 10/27/2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Additional Physical Therapy

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 10/08/2008
2. Texas Dept of Insurance notice to URA of assignment of IRO 10/08/2008
3. Confirmation of Receipt of a Request for a Review by an IRO 10/08/2008
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 10/07/2008
6. Appeal Decision by 09/22/2008
7. Decision 09/22/2008, 09/09/2008
8. Utilization Review Decision by 09/09/2008
9. Clinic authorization request physical therapy undated
10. Progress notes: 08/27/2008, 07/29/2008, 06/27/2008, 05/30/2008, and 05/16/2008.
11. MRI Thoracic spine 11/08/2007
12. MRI Lumbar spine 11/08/2007
13. Summary of MRI thoracic & lumbar 11/08/2007
14. ODG Guidelines were not provide by URA

**PATIENT CLINICAL HISTORY:**

This is a male who sustained a work-related injury on xx/xx/xx involving the cervical and lumbar spine. Subsequent to the injury, conservative treatment performed includes 21 sessions of physical therapy, medication management, and interventional pain management injections.



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The patient continues with pain in the neck radiating to the arms and pain in the back radiating to the lower extremities with a VAS score of 8/10 despite the above treatment regimens. Current medication management consists of Skelaxin 800 mg one p.o. q.8h., Naproxen 500 mg one p.o. b.i.d., Lortab 5/500 one tablet q.6-8h. p.r.n. pain, and Effexor XR 75 mg one tablet q.d. (depression). The cervical and lumbar MRIs submitted revealed multiple levels of disk bulging.

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

Official Disability Guidelines state that diagnoses of sprains and strains of the neck and low back should involve 9 to 10 visits over a 5 to 8 week period for treatment. This claimant has more than completed this amount and should be currently performing home exercise protocol. Guidelines and References used: Official Disability Guidelines, Treatment Index, Fifth Edition (web) 2008 under Cervical/Lumbar – Physical Therapy & Milliman and Robertson, Volume 7 Guidelines, Sections J and L.

### **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)