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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 04/21/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program five times a week for two weeks

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.

Work hardening program five times a week for two weeks - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the lumbar spine interpreted by , M.D. dated 04/01/04
An evaluation with , M.D. dated 07/16/04
An Employer's First Report of Injury or Illness form dated 06/01/08
An evaluation with , D.C. dated 06/04/08
DWC-73 forms from Dr. dated 06/04/08 and 01/14/09
Evaluations with D.O. dated 06/06/08, 06/13/08, 07/11/08, 07/18/08, 07/25/08, 08/01/08, 08/08/08, 08/22/08, 09/05/08, 09/19/08, 09/26/08, 10/03/08, 10/10/08, 10/17/08, 10/24/08, 10/31/08, 11/07/08, 11/14/08, 11/21/08, 11/28/08, 12/05/08, 12/12/08, 12/19/08, 12/26/08, and 01/02/09
DWC-73 forms from Dr. dated 06/06/08, 06/13/08, and 06/20/08
Chiropractic therapy with Dr. dated 06/09/08, 06/11/08, 06/16/08, 06/20/08, 06/23/08, 06/25/08, 06/26/08, 06/30/08, 07/03/08, 07/14/08, 07/23/08, 07/24/08, 07/28/08, 08/04/08, and 08/22/08
A DWC-73 form from an unknown provider (signature was illegible) on an unknown date (this was also illegible).
Preauthorization requests from Dr. dated 06/12/08, 07/18/08, 08/27/08, 09/19/08, 12/12/08, 03/06/09, and 03/18/09
A lumbar MRI interpreted by , D.C. dated 06/18/08
A retrospective review and letter of adverse determination from I, M.D. dated 07/08/08
A review from , M.D. dated 07/25/08
A PLN-11 form dated 07/29/08
An undated associate statement
Functional Capacity Evaluations (FCEs) with , D.C. dated 07/14/08, 08/22/08, and 01/06/09
A medication list from dated 07/24/08
An evaluation with , M.S., L.P.C. dated 08/22/08
An evaluation with , M.D. dated 08/25/08
A Benefit Review Conference (BRC) report from , Benefit Review Office, dated 09/17/08
A neurophysiological consultation and report of electrodiagnostics report from , M.D. dated 09/18/08
An EMG/NCV study interpreted by Dr. dated 09/18/08
Pain management daily notes from Ms. , Dr. , and Dr. dated 10/21/08, 12/01/08, 12/09/08, 12/22/08, 12/31/08, and 01/05/09
Chronic pain physical strengthening and rehabilitation daily notes from an unknown provider (signature was illegible) dated 11/21/08, 12/01/08, 12/09/08, 12/22/08, 12/31/08, and 01/05/09
Work hardening daily notes from the same unknown provider dated 01/26/09, 01/27/09, and 01/30/09
A psychological evaluation with Ms. on 02/27/09
Letters to from Dr. dated 03/06/09 and 03/18/09
Facsimile reports from Dr. dated 03/09/09 and 03/19/09
A letter of non-authorization was provided by , M.D., according to the Official Disability Guidelines (ODG), dated 03/12/09
A Designated Doctor Evaluation with , M.D. dated 03/14/09

A DWC-73 form from Dr. dated 03/14/09

A letter of adverse determination from , M.D. according to the ODG Guidelines, dated 03/26/09

An lumbar spine MRI review from 06/18/08 and a report by , M.D. on 04/02/09

A work hardening request from Dr. dated 04/06/09

An Independent Review Organization (IRO) Summary dated 04/06/09

The ODG Guidelines were provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the lumbar spine interpreted by Dr. on 04/01/04 indicated multilevel spondylosis with disc desiccation and mild bulging from L1 to L5, as well as an L4-L5 broad based central disc protrusion exiting the left neural foramina abutting the left L5 nerve root. On 07/16/04, the patient was placed at Maximum Medical Improvement (MMI) by Dr. and was assigned a 6% whole person impairment rating. On 06/18/08, the patient underwent an MRI evaluation of the lumbar spine interpreted by Dr. . The impression was a 2.5 mm. posterior disc protrusion with effacement of the thecal sac and narrowing of the left neural foramina at L4-L5. An EMG/NCV study with Dr. on 09/18/08 was unremarkable. On 12/22/08, the patient was again seen for a chronic pain management program with Dr. . The notation indicated that was the 12th visit of the 20th. On 01/06/09, the patient underwent an FCE with Dr. and was able to function at the medium/heavy physical demand level. He recommended the completion of the final two weeks of the chronic pain management program and then discontinuation of treatment. On 01/26/09, there was a work hardening note from Dr. . The patient also continued work hardening on 01/27/09 and 01/30/09 with Dr. . On 03/12/09, there was a utilization review submitted by . indicating a denial of the request for work hardening based upon the patient previously being enrolled in a similar program (referring to the chronic pain management program) based upon the ODG. On 03/14/09, the patient underwent a Designated Doctor Evaluation with Dr. . She indicated the patient was not at MMI and recommended completion of the work hardening program. On 03/28/09, again a utilization review was submitted by and again a denial was issued based upon the previous enrollment in a similar program.

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

Based upon the ODG, the patient had started a work hardening program. The evaluation seven visits into the work hardening program did show that the patient was improving with such care, which is the only requirement for completion of a work hardening program. I see no reason why this patient should not be able to complete the final 10 sessions of the work hardening program. Therefore, it is my opinion, that the previous adverse determinations be overturned and approval be given for the 10 sessions of work hardening five times a week for two weeks based upon the ODG.

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)