

Notice of Independent Review Decision

**DATE OF REVIEW:** 07/16/09

**IRO CASE #:**

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

An additional ten sessions of work hardening.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., Diplomate of Congress of Chiropractic Consultants, Texas Department of Insurance Division of Workers' Compensation Designated Doctor Approved Doctor's list, Certified to perform Impairment Rating and Maximum Medical Improvement through Texas Department of Insurance Division of Workers' Compensation for injured workers in the State of Texas, with 25 years of active clinical chiropractic practice

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
V71.09			Prosp.		05/18/09 – 05/21/09				Upheld
307.89			Prosp.		05/18/09 – 05/21/09				Upheld
733.02			Prosp.		04/22/09 – 04/24/09				Upheld
729.2			Prosp.		04/22/09 – 04/24/09				Upheld
V71.09			Prosp.		04/22/09 – 04/24/09				Upheld
307.89			Prosp.		04/22/09 – 04/24/09				Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial, 04/24/09 and 05/21/09 including criteria used in denial
3. MRI scan, 12/03/08
4. FCE, 04/09/09
5. Statement of Medical Necessity, 04/09/09
6. Psychological exam, 03/13/09
7. Electrodiagnostic study, 01/09/09
8. Precertification requests, 04/22/09 and 05/08/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The records indicate the patient was injured while working lifting a 50-pound bag of sugar. She has received treatment in the form of physical therapy, medications, and ten sessions of a work hardening program. Appropriate diagnostic testing in the form of psychological evaluation, lumbar spine MRI scan, and EMG/nerve conduction studies, and psychological testing were performed. The most recent records

indicate the patient is 5 feet 1 inch in height and weighs 175 pounds. Based upon the body mass index, she is at 33%, which is obese.

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

The records indicate the patient has had sufficient treatment to recover from the injuries she received while on the job. It has been approximately eight months since her initial injury, and she has received appropriate and sufficient medical care as a direct result of this injury. Based upon the ODG Guidelines, she does not qualify for additional work hardening sessions.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with 22 years of practice established, accepted chiropractic and 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)