



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

DATE OF REVIEW: 07/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program for the cervical spine – 60 hours (6 hours per day for 10 sessions)

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 06/16/2009
2. Notice of assignment to URA 06/16/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 06/15/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 06/15/2009
6. reconsideration/appeal determination letter 06/09/2009
7. UR determination letter 05/20/2009
8. Request for reconsideration letter not dated
9. Medical note 06/01/2009, 05/28/2009, FCE 04/24/2009, 04/20/2009, 03/24/2009, 03/23/2009, 02/02/2009, PT 02/02/2009, 01/12/2009, 01/16/2009, OP report 12/23/2008, electro-diagnostic interpret 12/15/2008, 12/08/2008, MRI 11/07/2008, PT 11/05/2008 & 10/09/2008, Progress notes 11/05/2008 through 05/06/2009
10. New injury report 10/08/2008
11. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Patient is status post injury to the neck. The patient's injury was from getting hit on the head by a forklift on xx/xx/xx. Patient still has neck pain radiating into the shoulder and the left arm. There is numbness and tingling in the left arm. On physical exam, there is decreased range of



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



motion and tenderness in the cervical region with myofascial spasm and pain over the trapezius and the rhomboid region. There is decreased sensation over the right third through fifth fingers. Patient has been treated with epidural steroid injections, physical therapy, and medications. Medications consist of Zanaflex, Celebrex, and Vicodin. MRI shows a C3-C4 disk herniation with EMGs and nerve conduction studies showing positive cervical radiculopathy.

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

The question is whether a work-hardening program for the cervical spine of 60 hours with 6 hours a day for 10 sessions medically necessary. The assessment is non-certification. Referring to the Official Disability Guidelines chapter on pain, under work-hardening program there are specific criteria that state patient's eligibility. There is insufficient evidence to suggest that a work hardening program would be of value to this individual where there isn't appropriate paperwork from an employer to show employment/job training requirements. There are no records stating the patient's current condition in relation to current job demands/functions. This will be denied as the supplied records do not support the medical necessity.

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)