

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
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DALLAS, TEXAS 75243
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Notice of Independent Review Decision

DATE OF REVIEW: March 13, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program 2/5/08 CPT Code 27545, 1 unit
Work hardening program 2/5/08 CPT Code 27546, 6 units
Work hardening program 2/6/08 CPT Code 27545, 1 unit
Work hardening program 2/6/08 CPT Code 27546, 6 units
Work hardening program 2/8/08 CPT Code 27545, 1 unit
Work hardening program 2/8/08 CPT Code 27546, 6 units
Work hardening program 2/9/08 CPT Code 27545, 1 unit
Work hardening program 2/9/08 CPT Code 27546, 6 units
Work hardening program 2/11/08 CPT Code 27545, 1 unit
Work hardening program 2/11/08 CPT Code 27546, 6 units
Work hardening program 2/12/08 CPT Code 27545, 1 unit
Work hardening program 2/12/08 CPT Code 27546, 6 units
Work hardening program 2/14/08 CPT Code 27545, 1 unit
Work hardening program 2/14/08 CPT Code 27546, 6 units
Work hardening program 2/15/08 CPT Code 27545, 1 unit
Work hardening program 2/15/08 CPT Code 27546, 6 units
Work hardening program 2/16/08 CPT Code 27545, 1 unit
Work hardening program 2/16/08 CPT Code 27546, 6 units
Work hardening program 2/20/08 CPT Code 27545, 1 unit
Work hardening program 2/20/08 CPT Code 27546, 5 units
Work hardening program 2/21/08 CPT Code 27545, 1 unit
Work hardening program 2/21/08 CPT Code 27546, 6 units
Work hardening program 2/22/08 CPT Code 27545, 1 unit
Work hardening program 2/22/08 CPT Code 27546, 5 units
Work hardening program 2/25/08 CPT Code 27545, 1 unit
Work hardening program 2/25/08 CPT Code 27546, 5 units
Work hardening program 2/28/08 CPT Code 27545, 1 unit
Work hardening program 2/28/08 CPT Code 27546, 5 units
Work hardening program 3/3/08 CPT Code 27545, 1 unit
Work hardening program 3/3/08 CPT Code 27546, 5 units

Work hardening program 3/4/08 CPT Code 27545, 1 unit
Work hardening program 3/4/08 CPT Code 27546, 5 units
Work hardening program 3/5/08 CPT Code 27545, 1 unit
Work hardening program 3/5/08 CPT Code 27546, 4 units
Functional capacity evaluation 3/6/08 CPT code 97750, 12 units

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

Diplomate of the American Chiropractic Neurology Board

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Insurance, 03/30/07, 06/21/07, 07/16/07, 07/26/07, 08/06/07, 08/14/07, 08/17/07, 09/05/07, 09/21/07, 10/01/07, 10/03/07, 12/13/07, 01/08/08, 03/05/08
- Medical Centers, xx/xx/xx, 03/08/07, 03/09/07, 03/13/07, 03/14/07, 03/16/07, 03/23/07, 09/07/07
- Texas Workers' Compensation Work Status Report, xx/xx/xx 03/09/07, 03/16/07, 03/23/07, 09/07/07, 10/03/07, 07/09/08, 09/17/08, 10/15/08
- Supply Company, 06/11/07, 07/03/07
- M.D., 09/17/07
- 09/27/07, 07/17/08, 08/19/08
- M.D., 10/03/07, 12/18/07
- 01/18/08, 02/05/08, 02/06/08, 02/07/08, 02/08/08, 02/11/08, 02/12/08, 02/14/08, 02/15/08, 02/18/08, 02/20/08, 02/21/08, 02/26/08, 02/28/08, 03/06/08, 08/01/08, 10/23/08
- DWC-69, Report of Medical Evaluation, 02/19/08

- M.D., 02/19/08
- Work Recovery, Inc., 03/06/08
- M.D., 05/29/08, 07/08/08, 10/15/08
- 08/04/08
- 09/15/08
- M.D., 10/02/08
- Solutions, 11/17/08
- M.D., 02/17/09, 02/19/09
- Official Disability Guidelines, 2008

Medical records from the Requestor/Provider include:

- Employer's First Report of Injury or Illness, xx/xx/xx
- Medical Centers, 04/03/07
- 04/25/07, 05/01/07, 05/15/07, 06/13/07, 12/13/07,
- 05/02/07
- 01/02/08, 01/18/08, 12/07/07, 01/28/08, 02/04/08, 02/05/08, 02/06/08,
02/07/08, 02/08/08, 02/11/08, 02/12/08, 02/13/08, 02/14/08, 02/15/08, 02/18/08,
02/20/08, 02/21/08, 02/22/08, 02/25/08, 02/26/08, 02/28/08, 03/03/08, 03/04/08,
03/05/08, 02/16/09
- Texas Workers' Compensation Work Status Report, 01/02/08
- M.D., P.A., 08/13/07
- 01/28/08, 03/06/08
- M.D., 02/25/08
- Texas Department of Insurance, 11/03/08

PATIENT CLINICAL HISTORY:

Per the medical records, the patient was injured when he was working on a and pulled a box off it, turned to his left, and hurt his lower back. He was placed at 5% impairment rating on February 19, 2008, by M.D.

An MRI revealed L3-4 disc desiccation. At L5-S1, there was a broad osteophyte complex without significant spinal stenosis or foraminal narrowing.

There was another MRI on August 4, 2008 revealing a 4 mm in AP dimension disc herniation at L3-4 with an annular tear with facet joint trophism and mild facet osteoarthritis.

The patient has had chiropractic treatments, physical therapy, and extensive work hardening.

The patient is seeing M.D., for an EMG study, as well as M.D., and M.D. The patient was also seen by a licensed counselor, and a physical therapist.

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

Based on the information provided, the patient was placed at maximum medical improvement on February 19, 2008. Based on the fact that he was placed at MMI, the patient has had extensive physical therapy before that. I would uphold the determination based on the Official Disability Guidelines that the additional work hardening and functional capacity evaluation are not considered reasonable and medically necessary. The patient had been returned to work with appropriate restrictions previously by M.D.

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)**