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Notice of Independent Review Decision

DATE OF REVIEW: 09/16/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten sessions of a work hardening program

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

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.

Ten sessions of a work hardening program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Back to work letters from an unknown provider (signature was illegible) dated 01/18/02, 10/25/02, and 04/23/03
A letter "To Whom It May Concern" from , M.D. dated 09/12/02
Return to work notes from , M.D. dated 01/23/07 and 11/22/07
Medical absentee certificates from Dr. dated 01/24/07 and 02/21/07
An excuse slip dated 07/18/07
An Employer's First Report of Injury or Illness report dated xx/xx/xx
Evaluations with Dr. at dated 03/28/08, 04/08/08, and 04/23/08
Laboratory studies dated 03/28/08, 04/08/08, 04/11/08, and 05/13/08
X-rays of the lumbar spine, bilateral knees, and chest interpreted by Dr. (no credentials were listed) dated 04/11/08
An evaluation with , M.D. dated 04/11/08
A request for a leave of absence dated 04/11/08
A kidney/renal Doppler study interpreted by Dr. (no credentials were listed) dated 04/15/08
An EMG/NCV study interpreted by , M.D. dated 04/17/08
X-rays of the lumbar spine interpreted by Dr. dated 04/23/08
A Physician's Statement of Functionality form from Dr. dated 05/02/08
Evaluations with Dr. dated 05/13/08, 05/27/08, and 06/13/08
A medical information form dated 05/13/08
A letter from the patient's employer dated 05/19/08
An MRI of the lumbar spine interpreted by Dr. (no credentials were listed) dated 05/21/08
An associate statement from an unknown person (signature was illegible) dated 06/09/08
An operative report with , M.D. dated 06/10/08
Evaluations with , P.A.-C. dated 06/23/08, 06/30/08, and 07/08/08
DWC-73 forms from , M.D. dated 06/23/08 and 07/08/08
Evaluations with Dr. dated 06/23/08 and 07/08/08
A preauthorization intake form dated 06/30/08
A PLN-11 form filed by the insurance carrier dated 07/03/08
A change of treating doctor request from , D.C. dated 07/09/08
Evaluations with , D.C. dated 07/16/08, 07/17/08, and 08/15/08
A prospective precertification request from Dr. dated 07/23/08
An evaluation with , M.D. dated 07/30/08
A DWC-73 form from Dr. dated 07/30/08
Chiropractic therapy with Dr. dated 07/31/08, 08/15/08, and 09/08/08
A PLN-1 form dated 08/07/08
A specialty referral/consultation request form dated 08/08/08
A review from , M.D. dated 08/26/08
A Decision and Order from dated 10/21/08
A Benefits Review Conference (BRC) report from , Benefit Review Officer, dated 10/21/08
Evaluations with , M.D. dated 01/07/09, 01/14/09, 02/09/09, 03/20/09, and 04/29/09
DWC-73 forms from Dr. dated 01/07/09, 01/14/09, 02/09/09, 03/20/09, 04/29/09, 06/24/09, and 08/14/09
Chiropractic therapy with , D.C. dated 01/23/09

Preauthorization request letters from Dr. dated 02/13/09, 07/30/09, and 08/12/09

A Designated Doctor Evaluation with , M.D. dated 03/09/09

Video surveillance dated 04/09/09, 04/11/09, and 04/20/09

Evaluations with , M.D. dated 05/05/09 and 06/16/09

A psychological evaluation with , M.Ed., L.P.C. dated 07/14/09

A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was available) dated 07/28/09

A preauthorization request from , D.C. dated 07/29/09

A letter of denial, according to the Official Disability Guidelines (ODG), from , D.O. dated 08/03/09

A request for reconsideration letter from Dr. dated 08/12/09

A letter of adverse determination, according to the ODG, from , M.D. dated 08/18/09

A letter from Dr. dated 08/31/09

An IRO Summary dated 08/31/09

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

The Employer's First Report of Injury or Illness on xx/xx/xx noted the patient tripped and fell and strained his lower back. On 04/08/08, Dr. recommended an EMG/NCV study of the left leg. X-rays of the chest, lumbar spine, and knees on 04/11/08 were unremarkable. A kidney/renal Doppler study on 04/15/08 was unremarkable. An EMG/NCV study interpreted by Dr. on 04/17/08 revealed peripheral polyneuropathy. An MRI of the lumbar spine interpreted by Dr. on 05/21/08 showed a disc protrusion at L4-L5 that moderately effaced the cauda equina and traversing L5 nerve roots and a disc protrusion at L5-S1. An epidural steroid injection (ESI) was performed on 06/10/08. Chiropractic therapy was performed with Dr. on 07/31/08, 08/15/08, and 09/08/08. On 10/21/08, the insurance carrier stated the patient sustained disability from 04/04/08 on. Chiropractic therapy was performed with Dr. on 01/23/09. On 03/09/09, Dr. felt that the injury on 01/18/08 included the lumbar spine. On 05/05/09, Dr. recommended a lumbar ESI. On 07/14/09, Ms. felt the patient was a good candidate for a work hardening program. An FCE on 07/28/09 indicated the patient functioned at the light physical demand level. On 07/29/09, Dr. recommended preauthorization for a work hardening program. On 08/03/09, Dr. wrote a letter of adverse determination for the work hardening program. On 08/12/09, Dr. wrote a reconsideration request letter. On 08/18/09, Dr. also wrote a letter of adverse determination for the work hardening program. On 08/31/09, Dr. also recommended the work hardening program.

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

This patient is absolutely not an appropriate candidate for any return to work program such as the requested ten sessions of work hardening. The patient has

made no clinical progress whatsoever regarding functioning or pain level despite all the treatment he has received. Work hardening programs are designed for patients that have successfully completed treatment but need a more intensive type of re-conditioning than is possible in physical therapy in order for them to reach the required level of work capacity. This patient has not made any such progress to justify this program. Additionally, according to ODG treatment guidelines, there must be a documented job for the patient to return to, a criteria which is not clearly or adequately documented in this file. Finally, the criteria which Dr. cites in his request for ten sessions of a work hardening program, the DWC Medical Fee Guidelines, are of absolutely no relevance in determining candidacy for this request. The only appropriate criteria are those of the ODG, which do not support this patient's admission into a work hardening program. Therefore, for all of the reasons cited above, the request for ten sessions of work hardening for this patient is not deemed to be medically reasonable or necessary. The recommendations for non-authorization by the two previous physician reviewers are, therefore, upheld.

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)**