



**DATE OF REVIEW:** 10/06/09

**IRO CASE #:**

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

Eighty hours of a work hardening program

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

The additional documentation submitted with this appeal clears the discrepancies so the ODG Guidelines are met for the services requested.

**INFORMATION PROVIDED FOR REVIEW**

1. TDI Referral
2. URA findings, 8/19/09 to 9/1/09
3. MD, office notes/letter, 9/25/09  
DC, office notes, 8/13/09 to 8/24/09
4. LPC, Work Hardening Psychological Eval., 8/11/09
5. Functional Testing, FCE, 8-13-09
6. MD, Designated Doctor Report, 4/8/09
7. URA findings, 8/27/09

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

This individual has chronic back pain after an injury and is functioning at medium demand level.

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

The documentation of compliance with ODG Guidelines was not presented previous to this review. The guideline at issue was that the individual was functioning at a light to medium PDL and that his job required only a light status. The additional documentation submitted by Dr. states that the injured worker's job which requires functioning at the heavy PDL. Therefore, the ODG criteria that the individual has a functional deficit in relation to his job requirement has been met. Dr. also states that he will be returning to his previous employer in the same job position. Therefore, the ODG criteria have been met for a work hardening program.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)