



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 8/21/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of ten additional sessions of work conditioning.

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

The reviewer is a Doctor of Chiropractic who is certified in Rehabilitation. The reviewer has been practicing for greater than 15 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of ten additional sessions of work conditioning.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Dr.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 7/22/10 denial letter, 6/24/10 preauth request, 6/24/10 script for unknown procedure, 6/4/10 FCE report, 7/28/10 denial letter, 7/19/10 preauth request, 7/19/10 script for WC and 7/15/10 FCE report.

Dr. 7/12/10 FCE report, job description, 4/27/10 DD eval and report, 2/25/10 lumbar MRI report and 3/12/10 radiographic report.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a female who was injured at work during the course and scope of employment. She has suffered an injury to both the thoracic and lumbar spines during a lifting injury on xx/xx/xx. She has comorbid conditions of osteoporosis, DJD and smoking. She has been treated conservatively through medical and chiropractic procedures. She has both an old and an acute compression fracture of the thoracolumbar spine. She has completed 10 sessions of work conditioning and a second series of 10 sessions is requested at this time.

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

ODG Work Conditioning (WC) Physical Therapy Guidelines

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.

During the FCE of 7/2/10, the patient had slightly decreased ROM in the lumbar spine as compared to established norms. However, there was marked improvement since the previous FCE in June of 2010. Work postures were apparently not tested.

The minimum established norms per the American Chiropractic Board of Rehabilitation Diplomat program are a 1.3 to 1 flexor to extensor strength ratio. Other sources indicate a 2.0 to 1 ratio are preferable. This patient only meets a 1.08 ratio on the July FCE indicating she may not be able to safely perform her job duties. Secondly, the noted paper by Debeliso, indicates that abdominal and lumbar strength lessen the shear affect on the thoraco-lumbar spine. This patient has arthritic changes and compression fractures superimposed over this injury. Therefore, she does not meet the "standard" patient definition of the ODG.

Based upon the patient's improvement in functional abilities and her likelihood to continue improving during this type of treatment, the requested treatment is approved as medically necessary. This approval is outside of the normal guidelines of the ODG; therefore, the reason for this approval is due to the reasons noted above and the studies quoted.

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) Debeliso M et al The relationship between trunk strength measures and lumbar disc deformation during stoop type lifting Jour of Exer Phys Vol 7 No. 6 Dec 2004
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)