

SENT VIA EMAIL OR FAX ON  
Aug/24/2010

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**  
Aug/23/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
10 sessions of Work Hardening

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

Chiropractor  
AADEP Certified  
Whole Person Certified  
Certified Electrodiagnostic Practitioner  
Member of the American of Clinical Neurophysiology  
Clinical practice 10+ years in Chiropractic WC WH Therapy

**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**

OD Guidelines  
Denial Letters 7/27/10 and 8/6/10  
Dr. 7/19/10 and 7/29/10  
7/21/10  
OP Report 3/17/10  
FCE 7/8/10 and 5/28/10  
Dr. 1/19/10 thru 7/10/10  
Injury Center 3/25/10 thru 7/12/10  
MRI 1/9/10

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee was involved in an occupational injury his low back on or about xx/xx/xx. The patient had been working at a job with a 50-pound job description and now has a new job description with 100 pounds. He underwent an FCE/PPE, MRI, psychological

evaluation, medication, and therapy. The patient underwent a left sided partial laminectomy at L4 and L5 with Dr. on 3/17/10. The injured employee has completed 22 sessions of post-operative therapy. FCE dated 5/28/10 revealed static lifts of 112 pounds and 73 pounds Torso lift. Psychological evaluation revealed BAI 38, BDI 36, and GAF of 60. The patient has completed 10 sessions of work hardening, which is currently under review. It was noted in the records that the injured employee has reported low back pain while changing a tire in x/xx/xx; however, treatment plan per report dated 7/29/10 continue work hardening individualized protocol concentrating on improving the muscular and connective tissue flexibility of the "right shoulder".

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

The injured employee does not meet the required guidelines for 10 sessions of work hardening. The injured employee is currently greater than 2 years post injury.

(18) Post-injury cap: The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two-years post injury generally do not improve from intensive work hardening programs. If the worker is greater than one-year post injury a comprehensive multidisciplinary program may be warranted if there is clinical suggestion of psychological barrier to recovery (but these more complex programs may also be justified as early as 8-12 weeks, see Chronic pain programs).

#### **ODG Work Hardening Guidelines**

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

ACOEM-AMERICA 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)