

SENT VIA EMAIL OR FAX ON  
Aug/03/2010

## True Resolutions Inc.

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

**DATE OF REVIEW:**

Jul/30/2010

**IRO CASE #:**

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

Work Hardening Program X 10 sessions

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

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

**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 6/22/10 and 7/5/10  
Dr. 7/1/10  
Kinetics 5/28/10 and 5/19/10  
Healthtrust 6/16/10  
Electro-diagnostic Interpretation 3/8/10  
MRI 2/10/10  
Injury Center 4/26/10 thru 7/7/10  
IRO Review Summary 7/22/10  
Medical Center 1/28/10 thru 2/3/10  
Diagnostic 3/9/10  
Ortho 2/3/10  
PT 2/4/10 thru 3/3/10  
Peer Review 4/21/10  
Pain Consultants 5/7/10 thru 6/25/10

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee was involved in an occupational injury on xx/xx/xx. The injured employee was transported to the ER and treated. The injured employee underwent x-rays, MRI lumbar spine, Mobile Muscle testing and ROM testing, EMG/NCV by technician and remote read, trigger point injections, medication, physical therapy, FCE/PPE, and

psychological evaluation. The injured employee has received DME: electric heat pad, portable whirlpool, lumbar support belt, gel mattress pad, and conductive garment. The injured employee has a peer review by Dr. MD. The injured employee was seen by PA-C, MD, MD, , DC, MD, , and Physical Therapy. There were several physical therapy notes from Brazos Physical Therapy in February and March indicated a VAS pain level on 0-1 VAS. EMG/NCV on 3-09-2010 indicated reinnervation potentials consistent with a chronic left L5 radiculopathy. DR. has requested 10 sessions of work hardening and initial pre-authorization attempt was denied by carrier based no surgical consult and no drug screen. Records reviewed do reveal that the injured employee had been referred to Orthopedics, Dr. MD orthopedic specialist who evaluated her on 2-03-2010, gave her Depo Medrol and Marcaine injection, anti-inflammatory medication, placed her into physical therapy, and ordered an MRI of the lumbar spine with a follow-up in one week. Records reviewed do not indicate that the injured employee has been evaluated for a surgical consult. However, on 7/1/2010 Dr. drafted a pre-authorization letter stating that the injured employee does not want to have surgery; therefore, Dr. requesting 10 sessions of work hardening.

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

The injured employee does meet the required guidelines for 10 sessions of work hardening. The injured employee has declined surgery and a drug screen is not required by ODG. The injured employee has benefited from prior physical therapy, has had a psychological evaluation work-up, and meets the ODG entrance criteria. In view of the documentation submitted the 10 session trial of work hardening would be considered reasonable and necessary.

#### **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)