



Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 08/03/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten days 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):

- \_\_X\_\_ Upheld (Agree)
\_\_\_\_\_ Overturned (Disagree)
\_\_\_\_\_ Partially Overturned (Agree in part/Disagree in part)

Medical necessity has not been demonstrated for the requested work hardening program.

INFORMATION PROVIDED FOR REVIEW:

- 1. TDI Referral
2. URA, 5/10/10 to 6/2/10
3. office notes, 9/9/09 to 6/2/10
4. FCE, 4/21/10
5. Diagnostics, NCV/EMG, 3/31/10
6. Diagnostic Health, MRI lumbar, 10/28/09
7. MD, office notes, 7/2/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a lifting injury on xx/xx/xx and developed pain in the low back and leg. There is no mention in the records regarding physical therapy. An MRI scan reportedly demonstrated disc and facet degeneration. After his injury, the injured worker's job was terminated. He has had psychotherapy for six sessions, which was of

minimal benefit. EMG/nerve conduction studies revealed no abnormalities. He was evaluated by a neurosurgeon, Dr.. Dr. recommended a pain management evaluation for possible facet injections but deemed him not to be a surgical candidate at this time.

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

The ODG Guidelines for work hardening are elucidated several times in the denial and appeal reports. One criterion is that there should be no other treatment options, surgery or injection therapy. Dr. recommended a pain management consultation for possible facet injections. If facet arthropathy is the source of pain, there is an excellent likelihood that appropriate pain management injections may provide long term relief. He is not a candidate for work hardening at this time.

**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.)