



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**IRO CASE #:**

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

Eighty hours of work hardening program

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Family Practice physician, board certified by the American Board of Family Practice

**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)

There is not a necessity for work hardening program on this particular patient.

**INFORMATION PROVIDED FOR REVIEW:**

1. Adverse determination letters
2. Appeal resolution letters
3. IRO request form from the provider
4. Copy of request for IRO form
5. Office notes, Healthcare Systems, 8/4/09 – 10/22/09
6. Exam by DO, 9/10/09
7. Mental & behavioral health consultation & progress notes, 2/7/08 – 6/18/08
8. Exam by DO, 8/21/08, 8/26/08
9. Exam by MD, 9/9/08
10. BHI2 Report, 8/22/09
11. PPE, 8/17/09
12. FCE, 10/7/09
13. Psychological Evaluation, PhD, LESW, 11/29/07
14. Psychological Evaluation, MS, CRC, LPC, 1/09/09

15. Image study, A/P Lat APOM Cervical; A/P Lat Lumbar, 8/5/08

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

This male sustained an injury on xx/xx/xx with a parking garage rear end collision. He continues to complain of neck and back pain as well as shoulder, arm, leg pain, and various symptoms such as tingling. He has been tried on various medications and had a psychiatric and psychological evaluation, which showed significant psychological issues concerning anxiety and depression. The patient continues to have pain and discomfort of vague and also specific complaints but variable in site and nature.

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

This patient's injuries were relatively minor. These injuries are very common and should typically respond to physical therapy, medications, heat, and tincture of time. Of note is that this patient's work is relatively sedentary. He is with prolonged sitting as his major situation at work. His weight lifting requirements include up to fifteen pounds. In other words, the physical demands of his job do not include moderate or severely uncomfortable and painful work and stress on his musculoskeletal system. Work hardening would be more appropriate in a situation where the patient with pain has significant strenuous duties. This patient's duties are not strenuous.

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