



Notice of Independent Review Decision

**REVISED REPORT**  
**Failure to indicate reviewer's decision**

REVIEWER'S REPORT

**DATE OF REVIEW:** 01/06/2010

**IRO CASE #:**

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

Ten (10) sessions of work hardening.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., Diplomate, Congress of Chiropractic Consultants, 24 years of active clinical chiropractic practice. Impairment Rating and Maximum Medical Improvement Certified through the Texas Department of Insurance/Division of Workers' Compensation.

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- XX** Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.0	97546		Prosp.		11/19/09 – 12/09/09				Upheld
722.10			Prosp.		11/29/09 – 12/09/09				Upheld
847.2	97545		Prosp.		11/19/09 – 12/09/09				Upheld

**INFORMATION PROVIDED FOR REVIEW:**

- TDI case assignment.
- Letters of denial 11/19/09 & 12/09/09, including criteria used in the denial.
- Encounter summary 08/21/09, and notes 06/23, 08/18 & 09/30/09.
- Medical records review 09/02/09.
- Operative reports 09/09/09 & 07/29/09.
- Designated doctor evaluation 09/25/09, and certification 10/13 & 06/30/09.
- FCE 10/05/09 and FAE 10/15/09.
- Post designated doctor evaluation 10/15/09.
- EMG-NCV 06/29/09.
- Chiropractic exam and ROM 06/18/09 & 06/23/09.
- Evaluations and follow up visits 05/21/09 – 10/23/09.
- Lumbar x-ray 02/28/09 and MRI 06/26/09.

**SUMMARY OF INJURED EMPLOYEE CLINICAL HISTORY:**

The records indicate the patient was injured on the job on xx/xx/xx, while loading and unloading sheet rock from a truck with the help of other co-workers. The patient has been evaluated with physical examinations, FCEs, lumbar x-rays, lumbar spin MRI and electrodiagnostic testing. He received appropriate treatment in the form of physical therapy, medication, medial branch blocks and radiofrequency ablation to the lumbar spine. The records indicate he responded well to the treatment he received.

The most recent designated doctor examination was performed on 09/25/09. Based on the doctor's findings, he felt it necessary to order a current FCE, which was performed on 10/05/09. The results of the FCE indicated the patient was capable of returning to work in a heavy job classification. His job classification requires a medium classification. The designated doctor found the patient had reached MMI as of 09/25/09, with a 0% impairment rating. As of that date, the patient was able to return to full duty employment.

On 10/29/09, a functional abilities evaluation (FAE) was performed and interpreted. In the various testing that was performed it appears the patient's blood pressure was extremely elevated. For the pull test his blood pressure was: starting 160/109, ending 158/112. Similar readings were present throughout the other testing. The patient was only able to lift 10 pounds and he stopped the test and was not able to continue with more weight because he was tired. The examining doctor then proceeded to explain the testing, saying in his report that the patient "...would be reaching his maximum once you get above a light category."

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

There is no clinical justification for the patient to participate in a work hardening program. The requested work hardening program (5 X week X 2 weeks) is not usual, reasonable, customary, or medically necessary for the treatment of this patient's work-related injury. In summary, this patient does not meet the criteria for admission to a work hardening program based on the ODG guidelines for admission to such a program.

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