

SENT VIA EMAIL OR FAX ON
Jun/01/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening X 80 hours

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury and injured his thoracic and lumbar spine. The injured employee has undergone PT, medication/pharmaceuticals, ESI, MRI, EMG/NCV, psychological evaluation, MMI and IR, and deemed nonsurgical. The injured employee has undergone a previous request for chronic pain management program, which was denied and referred to IRO. The IRO determined that the injured employee has not undergone lower level care such as work conditioning/hardening and/or individual psychotherapy and therefore upheld the denial for chronic pain management program. Ten (10) sessions of work hardening are now being requested as indicated by the decision on the March 16, 2010 IRO ruling.

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 a trial of 10 sessions of work hardening as indicated by the prior IRO decision dated March 16, 2010. The injured employee has already been to an IRO for considerations in a chronic pain management program, which were upheld. The previous IRO determined that the injured employee has not undergone lower level care such as work conditioning/hardening and/or individual psychotherapy. The injured employee has deficits in his PDL as indicated on FCE, and high psychological test scores as indicated on psychological evaluation. The injured employee is not surgical and has already undergone pain injections. The injured employee does not a job to return to; however, records indicate that he will undergo go vocational rehabilitation. The injured employee is greater than 2 years post injury as indicated by the ODG guidelines; however, it is noted that the ODG are guidelines and not hard fast rules.

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)