

**NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION**  
*Workers' Compensation Health Care Non-network (WC)*

**MEDWORK INDEPENDENT REVIEW WC DECISION**

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**DATE OF REVIEW: 07/15/2010**

**IRO CASE #:**

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

12 sessions physical therapy

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

Texas State Licensed MD Board Certified Occupational Medicine physician

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Assignment to 06/25/2010
2. Notice of assignment to URA 06/25/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 06/24/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 06/04/2010
6. letter 05/18/2010, 04/26/2010
7. Pre-auth rqst 06/18/2010, 05/05/2010, IRO rqst 06/18/2010, reconsideration rqst 05/05/2010, pre-auth rqst 04/20/2010, medical note 04/06/2010, 06/22/2010, 02/23/2010, 01/19/2010, 12/15/2009, 11/10/2009, 10/06/2009, 07/28/2009, 06/16/2009, 05/12/2009, 03/24/2009, 01/27/2009, 12/23/2008, 09/24/2008, 08/11/2008, 08/05/2008, 08/05/2008, 08/04/2008, 07/28/2008, 07/18/2008, 07/21/2008, 07/08/2008, 07/02/2008, 06/23/2008, 06/20/2008, 06/18/2008, 06/17/2008, 06/16/2008, 06/10/2008, 06/09/2008, 06/06/2008, 06/04/2008, 04/15/2008, 02/22/2008, 02/13/2008, 02/08/2008, 02/07/2008, 01/30/2008, 01/29/2008, 01/28/2008, 01/24/2008, 01/23/2008, 01/21/2008, 01/16/2008, 01/14/2008, 12/17/2007, 12/11/2007, 10/17/2007, 10/09/2007, 09/05/2007, 08/09/2007, 08/06/2007, 07/31/2007, 07/25/2007, 07/03/2007, 06/23/2007, 06/24/2007, 06/21/2007, 06/20/2007, 06/18/2007, 06/13/2007, 06/12/2007, 06/11/2007, 06/04/2007, 05/31/2007, 05/08/2007, 04/27/2007, 04/03/2007, 04/03/2007, 03/08/2007, 02/27/2007, 02/15/2007, 02/01/2007, 01/23/2007, 12/14/2006, 12/12/2006, 12/08/2006, 11/27/2006, 11/20/2006, 11/17/2006, 11/13/2006, 11/09/2006, 11/08/2006, 11/06/2006, 11/01/2006, 10/30/2006, 10/27/2006, 10/25/2006, 10/23/2006, 10/20/2006, 10/26/2006, 10/16/2006, 10/12/2006, 09/14/2006, 09/01/2006, 08/28/2006, 08/25/2006, 08/23/2006, 08/18/2006, 08/16/2006, 08/14/2006, 08/10/2006, 08/03/2006, 08/01/2006, 07/25/2006, 07/19/2006, 07/19/2006, 06/02/2006, 06/02/2006, 04/07/2006, 03/30/2006, 03/23/2006, 03/14/2006, 03/09/2006, 03/03/2006, 02/20/2006, 02/13/2006, 02/10/2006, 01/25/2006, 01/13/2006, 01/06/2006, 12/20/2005, 12/14/2005, 12/09/2005, 11/28/2005, 11/21/2005, 11/16/2005, 11/02/2005, 11/07/2005, 11/04/2005, 10/28/2005, 10/26/2005, 10/24/2005, 10/21/2005, 10/19/2005, 10/14/2005, 10/17/2005, 10/12/2005, 10/07/2005, 10/05/2005, 09/29/2005, 09/26/2005, 09/22/2005, MRI 08/09/2005, TDI forms
8. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

This is a woman with history chronic back pain secondary to an injury at work on xx/xx/xx. The claimant underwent laminectomy and discectomy for the treatment. Subsequently, she underwent extensive post-operative physical therapy followed by 20 sessions of a pain management program. However, her symptoms were not fully resolved. On her last follow-up, the patient reported pain in her back with radiation down to her both legs and feet. On examination, the patient was using cane for walking; she had tenderness of paraspinal muscles of the neck and upper back with some decreased range of motion; there was no evidence of any neurological deficit. Request is for 12 sessions physical therapy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

As per ODG Guidelines: 09 visits over 8 weeks are recommended for lumbago. This patient suffers from chronic back pain. She has received several months of physical therapy and pain management without lasting relief in her symptoms. On her last evaluation, her clinical findings were unchanged since last one year; she uses cane for walking and on examination she always has paraspinal tenderness, which is exacerbated with digital percussion. The patient takes Vicodin and Valium for the relief. An important component of chronic pain management is psychological and behavioral approaches. These approaches focus on changing patient's pain behavior and enhancing patient's skills to cope with pain. Efforts directed solely to the management of possible physical causes of pain without addressing psychosocial factors may result in a suboptimal outcome. Based on the Official Disability Guidelines, patient's history, physical findings and inadequate response to palliative care in the past, it is not clear how additional physical therapy would ameliorate her current condition; therefore, the insurer's decision to deny is upheld.

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