



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Request for ten additional sessions of work hardening

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

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

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)

Medical necessity does not exist for ten additional sessions of work hardening.

INFORMATION PROVIDED FOR REVIEW:

1. Records from (3/15/10-4/9/10)
2. Reports of Dr. (2/1/10), Dr. (4/23/10), and Dr. (4/19/10)
3. Various adverse determination letters of the patient's condition and injuries

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male was injured while working for xxxx and sustained injuries to his upper back when he slipped and fell backwards on the sidewalk. He currently has pain restricted to the upper left back with tightness and constant aching, at times causing strain and tension in his lower neck. He has had multiple modalities for treatment including medications, physical therapy, and injections.

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

In a report dated xx/xx/xx, it is stated the patient reports an average pain intensity rated three on a scale of zero to ten with ten being intolerable. This pain level is of a low intensity. He also reports that rest, ice, and heat help relieve his pain, indicating a mild form of injury, acute and/or chronic. A low level of pain easily improved with these modalities does not need a work hardening program to improve. The detailed analysis by D.O. and M.D. thoroughly outlines the essential aspects of the reason for this denial, and I echo those reasons. They make perfect sense and show a good summary of the issues at hand, indicating the lack of medical necessity for the services requested. In addition to this, the patient has had the same signs and symptoms for the past eight to nine months and has not benefited from physical therapy, medication, home exercise program, trigger point injections, and ten work hardening sessions. It is unlikely that further work hardening would be of any value. Repeating the same treatments which have failed to show significant improvement leads to a low likelihood of any beneficial effect. Finally, the patient's injuries are described as a thoracic myofascial pain secondary to mild to moderate shoulder dysfunction and compensatory muscle spasm with thoracic disc bulge and possible thoracic discogenic pain. These diagnoses indicate a low level injury not requiring further intervention in the form of a work hardening program.

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.)