



Southwestern Forensic
Associates, Inc.

Amended August 16, 2011

REVIEWER'S REPORT

DATE OF REVIEW: 08/10/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of work hardening

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C. in private practice for approximately 30 years in the field of Chiropractic and Sports Medicine with Special Qualifications in Sports Medicine, Peer Review, and Clinical Tomography

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)

INFORMATION PROVIDED FOR REVIEW:

I reviewed approximately 130 pages submitted by the Texas Department of Insurance which was received by both the respondent and the carrier. This includes but is not limited to:

1. Approximately 21 pages from the Texas Department of Insurance to the IRO
2. One copy of Spine and Rehab preauthorization request dated 07/24/11, five pages in length
3. Utilization Review dated 07/06/11
4. Request for reconsideration from Spine and Rehab dated 06/28/11, three pages in length
5. Utilization Review/Adverse Determination dated 08/20/11
6. Spine and Rehab preauthorization request dated 06/17/11, three pages in length
7. Three copies of Spine and Rehab, initial evaluation, dated 02/08/11, five pages in length

8. Two pages of summary to the IRO from the carrier dated 07/29/11, report of injury from the employer
9. Multiple DWC-73 forms which include 12/15/10, 01/02/11, 01/17/11, and 01/24/11
10. Multiple pro sports rehab reports of two pages in length for each of the following dates: 12/16/10, 12/21/10, 12/29/10, 01/19/11, 01/20/11, and 01/21/11
11. Report from dated 01/13/11, two pages in length
12. Report from dated 01/17/11, two pages in length

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who was a. He states that he was bending and twisting to the right and stepped to the back and felt a pain in the lower back and right leg on approximately 10/07/10.

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

There is a request for additional work hardening approximately eight months after the initial incident date. In the meantime, the patient has received other treatments by multiple physicians. There is no indication that the patient has anything other than a lumbar problem as far as documentation. At this point in time, most of the screening criteria and sources that are peer-reviewed would not find additional work hardening acceptable.

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.)