



5068 West Plano Parkway Suite 122  
 Plano, Texas 75093  
 Phone: (972) 931-5100

**DATE OF REVIEW:** 01/25/2011

**IRO CASE #:**

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

40 hours of work conditioning for the lumbar spine

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
40 hours of work conditioning for the lumbar spine	97546	-	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	16	01/07/2011	01/07/2011
2	Diagnostic Test	Orthopedic Group	1	05/30/2009	05/30/2009
3	FCE Report		2	09/01/2009	09/01/2009
4	FCE Report	Orthopedic Group	12	04/23/2010	04/23/2010
5	Op Report	Specialty Hospital	4	11/03/2009	01/29/2010
6	Office Visit Report	MD	7	10/12/2010	12/13/2010
7	Office Visit Report	MD	16	06/16/2009	12/21/2010
8	Office Visit Report	, ATc	26	07/17/2009	10/01/2009
9	Office Visit Report	Orthopedic Group	7	11/05/2010	11/16/2009

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who suffered a straining injury to the lumbar spine on xx/xx/xx . He complains of low back pain and left leg pain. He has physical findings including positive straight leg raising test and L4 and L5 muscular weakness. He has been treated with NSAID's, physical therapy, epidural steroid injections, and work conditioning. He has reported symptomatic improvement, though he has not reported being "pain free". MRI scan has suggested herniated nucleus pulposis L4-L5 and L5-S1. The patient has undergone lumbar spine surgery in the past prior to this most recent injury. The patient's job requires heavy manual capability. Currently, he is functioning at a medium/heavy capability. This request for additional work conditioning was considered and denied; it was reconsidered and denied. This is an IRO request for work conditioning x 40 hours.

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

1. Is additional work conditioning medically necessary and appropriate at this time?

No. This patient has been provided with appropriate physical therapy and work conditioning. He has achieved a functional level of medium/heavy. He has been instructed in appropriate exercise to be performed in a home exercise program. He has never reported being pain free. The applicable passages from the ODG, 2011, low back chapter are cited above. Additional work conditioning does not appear medically necessary or appropriate at this time. The prior denials were appropriate. IRO recommends that prior decisions be upheld.

Work conditioning:

ODG Work Conditioning (WC) Physical Therapy Guidelines

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also [Physical therapy](#) for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

*Timelines:* 10 visits over 4 weeks, equivalent to up to 30 hours.

**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)**

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with 28 TAC §12.206(d)(19), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 01/24/2011.