

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 11/11/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program, five times a week for two weeks (80 hours) lumbar (97545, 97546)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering low back pain

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.2	97545		Prosp.				Xx/xx/xx		Overturn
847.2	97546		Prosp.				Xx/xx/xx		Overturn

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a female who suffered a lifting injury to her lumbosacral spines on xx/xx/xx. She has been treated with activity modification, medications, and physical therapy. She appears near ready to return to work. Psychological evaluation reveals no emotional obstructions to return to work that cannot be dealt with utilizing a psychotherapy program.

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

This claimant apparently suffers degenerative disc disease and has a lumbar strain syndrome as a result of a lifting injury on Xx/xx/xx. Her conservative forms of treatment have resulted in some resolution of symptoms. She is near ready to return to work. Her Functional Capacity Evaluation indicates that she is functioning at a physical demand level less than what is required for her return to unrestricted work. The work hardening program is specifically intended to resolve such problems. The successful return to work is improved utilizing a work hardening program and this claimant should be afforded that opportunity.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
 - AHCPH-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.)
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