



14785 Preston Rd. Suite # 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 9/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional 10 Sessions of Work Hardening.

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

M.D. Board Certified in Occupational Medicine

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was lifting heavy boxes at work on xx/xx/xxxx and developed sudden pain to the neck, thoracic, lumbar and bilateral shoulders. She was diagnosed by the treating physician with bilateral shoulder, cervical, thoracic and lumbar strains. She underwent conservative treatment with physical therapy with modest improvement. A cervical and lumbar MRI was ordered and showed multilevel degenerative disc changes and facet arthritis. A work hardening was suggested for return to work and approved. A psychological evaluation on 6/9/11 suggested major



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Depressive Disorder requiring treatment prior to starting a work hardening program. The examinee was prescribed antidepressants. After completion of 2 weeks of work hardening, the examinee is able to perform at a medium physical demand level per FCE evaluation. A request for additional work hardening was submitted and denied.

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

The ODG criteria require:

RTW plan: A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.

It is noted that the examinee reached MMI 06-2-11 according to the designated doctor examination and received an impairment rating of 1%.

There are conflicting reports regarding her physical demand level at work. A summary of work hardening visits report dated 7/8 and 7/29 states that the required physical demand level of her job is medium light and medium and clearly she has met this physical demand level. However, detailed reports establish a required physical demand level as heavy.

The patient also has diagnoses of major depressive disorder and a prognosis that is more guarded. The examinee still complains of significant moderate to severe pain in her neck, back and shoulders. She is still exhibiting considerable pain behavior after 2 weeks of work hardening.

There is no clear return to work plan for this patient to justify a second round of work hardening. It is therefore deemed not necessary at this time.

REFERENCES: OFFICIAL DISABILITY GUIDELINES.

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



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- 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