



14785 Preston Rd. Suite # 550 | Dallas, Texas 75254  
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Notice of Independent Review Decision  
Amended and Sent 12/25/2011

**DATE OF REVIEW:** 12/21/2011

**Date of Amended Decision:** 12/25/2011

**IRO CASE #:**

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

WORK HARDENING 5X WEEK X 2 WEEKS LUMBAR/ LLE/LUE 8 HOURS QD

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

M.D. Board Certified in Occupational Medicine/ Urgent Care 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

<b>Document Type</b>	<b>Date(s) - Month/Day/Year</b>
Texas Department of Insurance	12/01/2011



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<b>Notice of Case Assignment</b>	
<b>Health Care Workers' Comp Services Utilization Review Determinations</b>	<b>12/26/2011-11/29/2011</b>
<b>Physical Medicine &amp; Rehabilitation Initial report Request for Services Appeal For Services Requests for Reconsideration Requests for Pre-Authorization</b>	<b>6/27/2011 10/20/2011 11/02/2011 11/03/2011 8/02/2011-11/03/2011</b>
<b>M.D. Progress Report</b>	<b>10/20/2011-11/02/2011</b>
<b>Imaging MRI Lumbar Spine Report</b>	<b>7/23/2010</b>
<b>Psychological Services Psychological Evaluation's Notes</b>	<b>4/28/2010-10/20/2011</b>
<b>M.D. Office Visit Note</b>	<b>02/23/2011</b>
<b>Company Job Description</b>	<b>Not available</b>
<b>Texas Department of Insurance Description of Injured Employee's Employment</b>	<b>Not available</b>

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured worker, is a with chronic neck, low back and knee pain associated with an industrial injury of xx/xx/xx.

Thus far, she has been treated with the following: various and sundry analgesic and adjuvant medications, including opiates, muscle relaxants, and topical compounded agents; extensive physical therapy; multiple functional capacity evaluations; extensive periods of time off work; transfer of care between multiple providers; and psychological counseling.

An MRI of the lumbar spine dated February 23, 2011 revealed nonspecific multilevel degenerative changes.

A psychological progress note of October 26, 2011 is notable for the presence of persistent psychological barriers to returning to work, along with associated financial difficulties.

The most recent physician progress note of November 2, 2011 is notable for continued complaints of pain, 8-9/10, comments that the injured worker is not at



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the appropriate physical demand level for returning to work, has a global assessment of functioning of 55, has limited left shoulder range of motion, 4/5 strength about the left upper and left lower extremities, tenderness about the left knee, and tenderness about the lumbar spine.

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

The request for additional work hardening is noncertified.

In this case, there is no evidence that the injured worker has tried and failed to return to regular duty work.

There is no evidence the injured worker has any objectively verifiable, bona fide neurological deficits which could be rehabilitated through a work hardening program.

Her psychological comorbidities are a relative contraindication to attending additional work hardening.

Finally, it is not clearly noted that the injured worker has a job to which she can return. No clear-cut return-to-work plan has been documented.

For all of these reasons, the request for work hardening is therefore non-certified.

**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



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- 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