Southwestern Forensic Associates, Inc.

DATE OF REVIEW: 12/28/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
An 80-hour work hardening program

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
Family practice physician with an M.D. degree

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

_____Upheld (Agree)

___X__Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA findings, 11/29/11 to 12/15/11
3. MD, office notes, 5/31/11 to 6/29/11
4. MD, office notes, 6/20/11 to 11/21/11
5. Injury 1, notes, 11/23/11 to 12/1/11
6. Center, FCE, 11/15/11
7. MES Solutions, Denial, 11/28/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This claimant was when he was injured on xx/xx/xx. He was pulling a bag cart to a belt loader when he began to experience a burning sensation in his lower back and down to his left leg. He has had physical therapy, medical management, and a lumbar epidural steroid injection with some improvement, EMG and nerve conduction velocity studies, and an MRI scan revealing a small protrusion of a disc. He has been on medications and has had a thorough evaluation by physical therapy, including physical therapy sessions and has had evaluation for psychological issues. He presently continues to have symptomatology and has signs and symptoms of a lumbar radiculopathy into the left leg.

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

This claimant has had some improvement with epidural steroid injections, as well as physical therapy. Despite that, he still does have symptomatology significant enough to preclude him from his present employment. It is anticipated that his only hope of returning to his prior employment is through the work hardening program and this should be effective to do so. He does not have a history of malingering, nor does he have any psychological evaluations consistent with that situation. The prior adverse determination was based in large part on no particular and specific plan for a date of return to work and a plan for exactly what kind of work to return to. It appeared to be more administrative and technical reasons for the adverse determination instead of a medical review. Common sense in everyday medical care is often more important than these arbitrary decisions. This claimant's symptomatology will only improve with the work hardening program and he does appear to be motivated to improve and is in the mode of extremely likely to be rehabilitated and return to employment by using the work hardening program. The medical necessity does exist for the 80 hours of the work hardening program.

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.
__X__Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X __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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