

July 28, 2004

**REVISED REPORT**  
**Report was not distributed by \_\_\_ to all**  
**interested parties on 05/03/04**

MDR #: M2-04-1022-01  
IRO Certificate No.: 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine who is currently on the TWCC Approved Doctor List.

**REVIEWER'S REPORT**

**Information Provided for Review:**

TWCC-60, EOB's, requests for pre-authorization  
Designated doctor exam – 12/04/03  
Outpatient progress notes – 06/16/03 thru 03/11/04  
Chiropractic daily progress notes – 06/16/03 thru 02/19/04  
Physical therapy notes – 06/30/03 thru 08/29/03  
FCE – 12/2/03, 12/04/03; ROM – 12/2, 12/4, 9/2, 7/8/03  
MRI – 09/09/03, 7/31/03  
Lumbar spine, 5 views 06/23/03

**Clinical History:**

This claimant is a 52-year-old male who injured his back in a work-related accident on \_\_\_\_\_. Pain was experienced immediately over the right low back. The incident was immediately reported, and the claimant received first aid attention on site. The claimant returned to work, but his condition progressively worsened causing him to seek other medical assistance. On 06/16/03, the claimant presented to the office of a D.C. and was diagnosed with lumbar strain/sprain grade 2, sprain of the sacrum grade 2, lumbar facet syndrome, and myofascial pain syndrome; the employer was able to offer light-duty status. Radiographs taken on 06/23/03 were unremarkable for osseous pathology. MR imaging of the lumbar spine performed on 07/21/03 was unremarkable for pathology.

Repeat MR imaging of the lumbar spine performed on 09/09/03 was unremarkable for pathology. Initial functional capacity evaluation (FCE) performed on 12/02/03 and 12/04/03 revealed possible psychosocial issues and ability to function within a medium physical demands classification (PDC) per Dictionary of Occupational Titles (DOT).

**Disputed Services:**

Work hardening program X 30 sessions

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a work hardening program was not medically necessary in this case.

**Rationale:**

The provider has failed to establish sound clinical rationale to warrant the progression of this claimant to upper level therapeutics that include work hardening. Reviewed medical record shows that the claimant is able to function within a medium physical demands classification (PDC) per the Dictionary of Occupational Titles (DOT) on his 12/02/03-2/04/03 initial functional capacity evaluation (FCE).

**Additional Comments:**

This claimant's organic pathology does not mesh with the typical treatment algorithm used to transition a claimant to upper level therapeutics. There is just no clinical rationale to support the use of a multidisciplinary therapeutic algorithm in returning this claimant to the work force. No record of documented psychosocial deficits exists in the data, and the 12/02/03-12/04/03 initial functional capacity evaluation fails to provide a quantifiable degree of dysfunction to warrant behavioral-focused therapeutics.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice.* Washington State Chiropractic Association; 2001. 54p.
- Schonstein, E, et. al. *Work Conditioning, Work Hardening, and Functional Restoration for Workers With Back and Neck Pain.* Cochran Database Syst Rev 2003; (1): CD 001822.
- Tacci, J A, et. al. *Clinical Practices in the Management of New-Onset, Uncomplicated, Low Back Worker's Compensation Disability Claims.* Journal of Occupational and Environmental Medicine. 01-May 1999; 41 (5): 397-404.