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### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Report from X, M.D. dated X  
DWC-69 and 73 forms dated X  
FCE dated X  
Reports from Dr. X dated X,  
Preauthorization requests dated X  
Peer review report dated X  
Notifications of adverse determination dated X and X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Dr X examined the patient on X and X history was reviewed. X felt X had not reached MMI and needed X with possible X. The patient then underwent an X. X appeared to give full effort and X effort was felt to be reliable. X was X inches tall and weighed X pounds X was X degrees, X was X degrees, X was X degrees, and X was X degrees. Previously, they were X degrees, X degrees, X degrees, and X degrees. Dr. X referred the patient for initial interview on X with X, M.A., L.P.C. X had undergone surgery on X and postoperative rehabilitation. On the X scored X which was within the minimal range, and on X scored 0, which was also within the minimal range. X scored X on the X and X - work. Work hardening was felt to be necessary at that time. On

X, X, D.C. submitted a preauthorization request for X hours of a X program. It was noted X had attended ODG approved rehabilitation and had plateaued. X was noted to be X and focused on X pain and X had mild X concerning X injury. It was felt per the ODG, X was an appropriate candidate for work hardening for a total of X sessions. Another preauthorization request was sent on X for X hours of a X program. Per a peer review report dated X, the requested X hours of X for the X were denied. X provided an initial denial of the X hours of X for the X on X. On X, X provided another non-authorization of the requested X hours of X for the X.

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

The patient is a X with a height of X feet X inches and a weight of X pounds. X was a X, who was reported to have sustained a work-related injury on X. The mechanism of injury was X, but not X. X reportedly XX X. X is now over X status post X. It is now reported that X underwent a X surgery on X, but there are no specific details regarding the procedure. In addition, it appears X also underwent a X program and those details are missing. Recent care has been by X, who has requested the X program. The patient has not returned to work in any capacity since the injury. Confounding variables include the patient X during this time. The request was denied on initial review on X and that non-certification was X on reconsideration. Both reviewers attempted peer-to-peer contact without success and cited the ODG as the basis of their opinions.

As noted above, the patient is over X status post X. The evidence based ODG would expect a X injury of this magnitude to resolve in X weeks with X treatment. The patient has been reported to

have undergone a surgical procedure, but again, the details of such are absent. The patient's subjective complaint of pain has been consistently out of proportion to the objective physical findings or imaging studies reviewed. The evidence based ODG notes that the best way to get an injured worker back to work is with a X program rather than a X or X program, which has not been done based on the documentation provided at this time. The ODG also notes in their Return to Work area, there is evidence supporting "real" work is much stronger than that for "simulated" work. Therefore, the requested X hours of X for the X are not medically necessary, reasonable, or supported by the evidence based ODG and the previous adverse determinations should be X at this time.

**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**
  
- AHRQ – 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**
- 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**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

**X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID,  
OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**