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Notice of Independent Review Decision

APRIL 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

WORK HARDENING – 20 SESSIONS

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

D.O. Board Certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Table of Disputed Services
Determination Letters: 2/21/08; 3/14/08
Job Description from
MRI Report – Lumbar spine with flexion and extension – 5/16/07
Letter of Medical Necessity – 4/2/08
Clinical Report – 11/27/07 – 3/14/08

Clinical Notes – 2/5/08

Functional Capacity Evaluation Results – 2/5/08

Physical Therapy Report - Medical Centers – 5/7/07

Clinical Notes –M.D. 12/13/07 - 1/31/08

ODG Guidelines

PATIENT CLINICAL HISTORY: SUMMARY OF EVENTS:

This case involves a xx year old male who injured at work. He worked as a xxx in a public complex. He was pulling a dolly loaded with a hot water tank up several flights of stairs when he felt an acute onset of pain in the low back. He was treated initially at xxx with some physical therapy. He was unable to return to work because the employer would not accept him back with restrictions. He had an EMG, which was not available for review. He was then treated with aquatic therapy and three epidural steroid injections. He then underwent a functional capacity evaluation and was rated at a light physical demand level. His job requires a medium to heavy physical demand level. Work hardening was recommended. He underwent psychological assessment and was found to have a Beck depression score of 18 and anxiety score of 17. Work hardening was requested and denied by the carrier.

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

I agree with the benefit company's decision to deny the requested work hardening program. The patient has reportedly benefited so far from 12 visits from required therapy although there is no documentation to support that. He is functioning at a lower physical demand level than what is job requires. He is unable to return to work with any type of restrictions. His employer is prohibiting him from returning to work unless he is 100% full duty without restrictions. This is not a safe option given the results of the functional capacity evaluation. A work-conditioning program would therefore be appropriate and medically necessary. He has no history of psychological problems or psychiatric illness. He is not undergoing any treatment for co-morbid psychiatric illness. His Beck depression inventory score was at the borderline level. The patient's score was 17 on the Beck anxiety inventory is in the range of very low anxiety level. The medical necessity of a multi-disciplinary program as opposed to a work-conditioning program has not been established.

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
- 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 (PROVIDE A DESCRIPTION)