I-Decisions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 03/31/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 5 x week x 2 weeks

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

M.D., Board Certified in Anesthesiology with Certificate of Added Qualifications by the American Board of Anesthesiology in Pain Management, in practice of Pain Management full time for over twenty years.

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)

Upon independent review the reviewer finds that the requested Work Hardening 5 times a week for 2 weeks is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination letters dated 02/22/08, 02/12/08, and 02/28/08
2. ODG Guidelines and Treatment Guidelines
3. Reconsideration letter, 02/14/08
4. Functional Capacity Evaluation, 01/23/08
5. Testing Analysis, 01/23/08
6. Physical therapy referral, 09/25/07

7. Initial evaluation 10/02/07
8. History and Physical, 09/25/07
9. Initial Behavioral Medicine Consultation, 10/09/07
10. Addendum, 10/09/07
11. Test Data and Report, 12/04/07, 12/07/07
12. Cashier Industry Designation Task Analysis history and physical, 11/27/07
13. Work Status Report, 11/27/07
14. Treatment recommendations, 12/31/07
15. Case Conference note, 01/24/08
16. Functional Capacity Evaluation results, 12/07/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on the job with a diagnosis of cervical disc displacement, biceps strain, and tendinitis. EMG studies have been performed along with injections, physical therapy, psychological therapy, and twenty days of work hardening. There has been no demonstrated improvement after twenty days of work hardening. The pain level has remained high, and she remains on medications. An MRI scan is scheduled.

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

ODG Guidelines 2008 and ACOEM Guidelines 2004 state that a multidisciplinary program should be continued only if there is evidence of functional gains. Since there has been no functional gain from the work hardening program, it is neither reasonable or necessary to continue that modality.

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)**