

C-IRO, Inc.
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: MAY 13, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Functional Capacity Evaluation (FCE)

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

MD, Board Certified in Physical Medicine and Rehabilitation

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)

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.

The reviewer finds that a functional capacity evaluation (FCE) is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 3/28/08, 4/15/08
ODG Guidelines and Treatment Guidelines
Clinic, 4/12/08, 4/7/08, 3/13/08, 2/21/08, 1/24/08, 1/8/08, 12/27/07, 12/14/07, 11/20/07,
11/15/07, 10/31/07, 10/22/07, 10/19/07
MRI of Lumbar Spine without contrast, 11/16/07
Physical Therapy, 3/27/08, 11/29/07, 3/13/08
PT, 12/12/07, 1/18/08

SOAP Notes, 1/9/08, 1/10/08, 1/11/08, 1/14/08, 1/15/08, 1/16/08, 1/17/08
MD, 2/11/08, 326/08
MD, 4/7/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient reportedly sustained a lumbar sprain on XX/XX/XX. He had ongoing spasms. He complained of bilateral radicular pain. The MRI showed an L4/5 disc protrusion on the thecal sac, and an L5/S1 disc herniation with foraminal narrowing compromising the left S1 root. There is some anterolithesis of L5 on S1. He did not improve with an epidural injection. Transforaminal injection at the left L3, 4, and L5 were pending. He reported cramps and symptoms. At the same time, he was improving, but the notes repeatedly described him as “still feeling the same as the last visit.” He was released to work with restrictions. An EMG was pending. Dr. remarked about “motivational issues being present.”

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

The ODG approves the use of FCE in both the pain and low back section, and this patient meets the criteria defined in ODG. The medical records show that there are significant nonorganic components to this patient’s pain. The reviewer believes that the FCE should help demonstrate any true functional loss compared to any self limitations from symptom magnification or the “motivational issues being present.”

Functional improvement measures

Recommended. Restoration of function should be the primary measure of treatment success. Functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality, and to justify further use of ongoing treatment methods. They should include the following categories:
Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, return-to-work, etc.)
Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits)
Approach to Self-Care and Education (e.g., reduced reliance

Functional improvement measures

Recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement. It should include the following categories:
Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient’s functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.)

Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees.

Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. ([California, 2007](#))

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)