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Notice of Independent Review Decision

DATE OF REVIEW: 7/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 9 visits of medical rehabilitation program (3 x Wk x 3 Wks).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer also holds an additional board certification in Pain Management. This reviewer has been practicing for greater than 10 years and performs this type of service in his office.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 9 visits of medical rehabilitation program (3 x Wk x 3 Wks).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Health / Treatment Center

These records consist of the following (duplicate records are only listed from one source): Records reviewed from : letter – 7/15/2009, Provider log, Denial letter –

6/3/09 & 6/18/09; Report of Medical Evaluation – 7/8/94; Dr. Impairment Rating report – 6/28/94 & 7/7/94; PT FCE report – 6/30/08; DO Follow-up note – 10/8/08 & 2/13/09; PT FCE report – 3/30/09(4/15/09report) & letter – 4/15/09; Treatment Center FCE report – 4/15/09; D.O. report – 5/18/09; Ph.D. Environmental Intervention report – 6/18/09; TWCC73 – 4/13/00-2/13/09; Treatment History – 7/15/09; ODG-Work Conditioning, Work Hardening. Records reviewed from Health / Treatment Center: letter – 7/10/09; One request for FCE / Outpatient Medical Rehab – 5/29/09, Program Treatment Components & Design; Health Environmental Intervention report – 6/3/09; Pre-authorization Reconsideration – 6/12/09; PT FCE letter – 4/15/09; Medical Center Operative Report – 1/15/08; MD Bone Mineral Density Study – 1/10/08.

A copy of the ODG was provided by the Carrier for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured when lifting on the job about 16 years ago. He underwent L1-2 laminectomy, L2-3 laminectomy, instrumentation at L1-3, and repair of a dural tear on 1/15/08. An FCE was obtained but was discontinued due to retro-sternal chest pain. There is no documentation of a cardiac work up.

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

This treatment has been denied by peer reviewers based on the ODG recommendations for Work Hardening and the fact that the patient possibly had angina during a FCE on 3/30/09 as documented by PT. Per the ODG one “must be cautious when implementing the wait-and-see approach for LBP, and once medical clearance has been obtained, patients should be advised to keep as active as possible. Thus, there is an issue as to whether this patient has been medically cleared for PT. The records contain a note by, D.O. dated 5/18/09 clearing the patient for PT; however, there was no documentation of a cardiological assessment. A review of his note dated 5/18/09 indicates that the problem with chest discomfort was not addressed. It is possible that this may have been addressed in another visit, but this documentation was not provided for this review.

The ODG allows for 16 PT visits over 8 weeks for post-surgical treatment. While PT is supported post-operatively by the ODG, this patient is not a candidate at this time until documentation of a cardiological assessment is provided.

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)