

Notice of Independent Review Decision

DATE OF REVIEW:

06/16/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twenty sessions of work hardening program.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

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 requested twenty sessions of work hardening program is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 06/05/09 letter from M.D., Pain & Recovery Clinic
- 06/04/09 MCMC Referral
- 06/04/09 Notice of Assignment of Independent Review Organization
- 06/04/09 Notice to Utilization Review Agent of Assignment
- 06/04/09 Notice to MCMC, LLC Of Case Assignment
- 06/03/09 Confirmation Of Receipt Of A Request For A Review
- 06/03/09 letter from Attorney
- 06/02/09 Request for A Review By An Independent Review Organization
- 05/29/09 Reconsideration/Appeal of Adverse Determination letter
- 05/20/09 Request For Reconsideration, D.C., Pain & Recovery Clinic
- 05/19/09 Utilization Review Determination letter
- 05/13/09 letter from D.C., Pain & Recovery Clinic
- 05/12/09 Work Hardening Assessment Psychosocial History, M.Ed.
- 04/29/09 Functional Capacity Assessment, Functional Testing
- 04/15/09 Request For Reconsideration, M.D., Pain & Recovery Clinic
- 04/06/09 Pre-Authorization Request, M.D., Pain & Recovery Clinic
- 03/31/09 Mental Health Evaluation, M.Ed.
- 03/11/09 Post-Surgical Physical Therapy Progress Note, M.D., Pain & Recovery Clinic
- 01/30/09 Post-Surgical Physical Therapy Evaluation, M.D., Pain & Recovery Clinic

- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury xx/xxxx. The injured individual had conservative care and then had back surgery in 01/2009. He had postoperative physical therapy (PT). His Functional Capacity Exam (FCE) noted he is at light capacity and requires heavy Physical Demand Level (PDL) as a worker. He has his job to return to. His psychiatric evaluation noted Beck Depression Index (BDI) of 19 and Beck Anxiety Index (BAI) of 24. Work hardening is suggested.

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

The injured individual had an injury xxx years ago but had back surgery in 01/2009. He had postoperative PT and continues to lack sufficient function and strength to return to his job as a warehouse manager which still exists. The injured individual has psychiatric testing which indicated moderate levels of depression and anxiety. Ten work hardening sessions would be reasonable at this point as twenty sessions represent a full program and the injured individual's response to the initial ten sessions would need to be evaluated before committing to a full program.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES