

SENT VIA EMAIL OR FAX ON
Jun/01/2009

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/23/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Subsequent FCE-Outpatient; Work Conditioning Program two weeks (10 sessions)

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

This is a woman reportedly injured at work on xx/xx/xx. She developed back pain and pains down the left lower extremities. She was found to have multiple level disc bulges and left facet synovitis at L5/S1 on MRI. There was no disc herniation or nerve root compression. Her physical examination described local tenderness and limited motion. There was no neurological loss. She was felt to have a lumbar strain. She had nerve conduction studies and SSEP studies by Dr. These did not include emgs. He felt she "could have a bilateral L5 and S1 radiculopathy" based on slow velocities and latencies, but he acknowledged that she also had evidence of a "significant peroneal neuropathy as well as a tibial neuropathy..." that would preclude the diagnosis of a radiculopathy based on conduction velocities and latencies. Dr. noted that she was applying to DARS. She had an FCE on 2/17/09 where she could not complete the material handling component. Dr. (2/5/09) wrote "Her response with treatment-

rehab has been minimal...” She was able to perform at light PDL of function, and her job required a sedentary level. The doctors noted her change in jobs and the new one being considered required her to lift 40 pounds occasionally. This is the reason for the additional request for work conditioning and another FCE. Dr. notes cited ongoing therapy, but the Reviewer found no documentation for the therapies. Dr. performed a Designated Doctor examination. He noted on 1/20/09 that this lady was at MMI on 1/6/09 and able to “to return to work as of 1/6/2009 without restrictions.”

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

Dr. cited regulations permitting three FCEs. This would be appropriate to document benefits from interval treatment. As noted previously, there was no interval treatment and Dr. wrote “Her response with treatment-rehab has been minimal...” She had been determined to be at MMI and able to return to work. At the same time, Dr. noted she was involved with DARS, which usually is involved in the determination of Permanent Social Security Disability. This would be a conflict. Further, since she has apparently received a job offer, the Reviewer is not clear why the DARS application. The ODG prefers that a modified work program be offered. Dr. wrote this was not possible as she was terminated. The goal of work conditioning is to restore the physical function. It is not considered necessary for sedentary or light demand work unless there is a “demonstrable gap between the current level...and an achievable level of required job demands.” The February FCE assessment and the new job demands show a gap. The fact that she had not made prior progress with treatment per Dr. suggests that the formal treatment program is not likely to be any more successful than the on the job treatment. The Reviewer is in agreement with the prior adverse determinations that were made.

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

ACOEM-AMERICA 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)