I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Ten additional sessions of work conditioning

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., board certified in Orthopedic Surgery
Diplomat of the American Academy of Pain Management

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 9/11/09, 9/18/09, 10/6/09
Response, 10/26/09
ODG, Work Conditioning
Note, 11/21/08-9/11/09
Prescription for Work Conditioning, 4 weeks, Dr. MD, 7/9/09, 9/11/09
FCE, 7/30/09
Physical Therapy Unlimited, Handwritten Notes, 8/12/09-8/28/09
PT Treatment Summary, 9/1/09
Evaluation Summary, 9/28/09
Spinal Clinic, Dr. MD, 3/26/09, 4/16/09, 4/30/09, 5/28/09, 6/25/09, 7/9/09, 7/23/09, 9/1/09

PATIENT CLINICAL HISTORY SUMMARY
This is a male according to history, was injured in a T-bone automobile accident collision on xx/xx/xx. He subsequently underwent a micro-endoscopic minimally invasive laminectomy from which he apparently recovered well. In July 2009, he had a Functional Capacity Evaluation rating him at heavy physical capacity level. On 09/01/09 there was a request from the physical therapist for further work conditioning in order for him to reach a heavy work level on an occasional basis.

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

Based on the medical records provided for this review, the stated goal is to bring this injured worker up to a heavy work level. This has already been achieved according to a Functional Capacity Evaluation conducted on 7/30/09. There is no explanation within the medical records as to why further work conditioning would be needed, given the documented heavy work level that has been reached by the patient. Furthermore, the Official Disability Guidelines and Treatment Guidelines recommend ten sessions, which the patient has already completed. There is no evidence in the medical records as to why the guidelines should be set aside in this particular patient's case. The reviewer finds that medical necessity does not exist for Ten additional sessions of work conditioning.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)