

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work conditioning Lumbar 5x/week x 2 weeks; 8 hours per day, 97545, 97546

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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

Adverse Determination Letters, 8/13/09, 8/25/09

IRO Summary, 9/3/09

PT, 7/27/09-8/7/09

FCE, 8/10/09

MD, 6/29/09

MD, 6/29/09

DC, 7/9/09, 8/10/09, 9/2/09

MD, 8/10/09, 6/29/09, 8/26/09, 7/15/09, 8/10/09, 7/23/09

Diagnostic Testing, 6/29/09

Request for Work Conditioning, 8/10/09, 8/18/09

Job Description

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a woman working when she was injured on xx/xx/xx while bending and lifting a box. She had physical therapy. She had and FCE that shows her to be at a light level of function. Her job description describes her as having to lift up to 25 pounds. She continues to have "too much pain standing and walking to continue working light duty..." Subsequently, Dr took her off work. Her examinations demonstrated local tenderness, reduced motion, positive right SLR, and normal reflexes. She improved some with Dr. 's therapy. Her FCE showed she had

the maximum lifting capability of 25 pounds, but usual was 20 pounds. Her job requires lifting and carrying up to 25 pounds.

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

According to the ODG, work conditioning programs are not justified for acute pain, but only for chronic conditions: "There is no evidence of their efficacy for acute back pain." There are exceptions for subacute pain, but the individual needs to have substantial lower capabilities. According to her FCE, this patient has the capability of lifting 20-25 pounds. Her job description does not describe frequent 25 pound lifting. The ODG advises work conditioning, when approved, for 10 sessions over 8 weeks. The ODG states that work conditioning does not preclude work, but the request here is for 10 sessions over 2 weeks replacing work. Dr. described symptom improvement, but then the pain reportedly increased with light duty. He took her off work. The ODG approves 10 sessions over 8 weeks while attending work. This request is for 10 sessions over 2 weeks, without work. The request does not conform to the ODG. No reason has been provided as to why the ODG should not be followed in this particular patient's case. The reviewer finds that medical necessity does not exist for Work conditioning Lumbar 5x/week x 2 weeks; 8 hours per day, 97545, 97546.

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)