

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten initial outpatient work hardening sessions (97545, 97546) for the lumbar spine

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

MD, Certified by the American Board of Psychiatry and Neurology

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

ODG Guidelines
Adverse Determination Letters, 12/21/09, 2/2/10
6/19/09, 12/16/09, 8/18/09
1/11/10
Job Description 12/11/09
FCE 12/8/09
BTE 12/9/09
D.O. 12/8/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female employee injured xx/xx/xx when she injured her tailbone performing her customary duties. She was taking care of closing duties and was climbing down a step ladder when she fell backwards and her back slammed into the breaker box with her tailbone hitting the edge of the metal box. Per report, the incident was reported to her boss. She sought medical attention from the company doctor and received x-rays. She indicates that she worked with restrictions for one week, sitting once every hour for 10 minutes and no lifting more than 20 pounds. She has completed 6 sessions of individual psychotherapy in an effort to improve her overall adjustment to the injury. At this time, her treating physician is recommending that the patient be progressed to a work hardening program due to her persistent functional deficits that are impeding her ability to make a safe return to work. She has been evaluated psychologically and is deemed a good candidate for the Work Hardening Program. The insurance company reviewer has denied the request on the basis that there is not a defined return to work goal agreed to by the employer and employee prior to enrollment as the patient does not have a job to return to. Xxxxx in his reconsideration request, explained that the ODG states: "Vocational consultation should be available if this is indicated as a significant barrier. This would be required if the patient has no job to return to." This patient is able to re-apply for her old job, but is not automatically entitled to her previous position according to the records submitted for this review.

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

Mr. has adequately addressed the reviewer's concerns. The patient has the possibility of returning to her old job if she is successful in the program. However, the return is not guaranteed. In that case, Mr. will be obtaining the consultation of a vocational counselor to work with the patient if this indeed turns out to be the case. This would meet the ODG guidelines. The reviewer finds that medical necessity exists for Ten initial outpatient work hardening sessions (97545, 97546) for the lumbar spine.

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)