

SENT VIA EMAIL OR FAX ON
Dec/03/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 hours of Work Hardening Program

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

OD Guidelines
Denial Letters 11/17/10 and 11/8/10
Healthcare 4/5/10 thru 11/23/10
Job Description 8/27/10
Letter from Patient 11/1/10
Orthopedic Group 6/8/10 thru 7/15/10
Pain & Injury Relief 5/5/10 thru 10/28/10
MRIs 5/24/10 and 5/14/10
Medical Eval 6/23/10 and 6/16/10
ENG 6/11/10
Radiology Reports 3/10/10
FCE 10/15/10 and 8/31/10

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured in a fall off a chair on xx/xx/xx. She sustained neck and back pain and injuries and fractured teeth. She had a series of cervical and thoracic and lumbar MRIs. These showed disc protrusions at C6/7, T11/12 and T5/6, None compromised a nerve. There was no radiculopathy found on electrodiagnostic testing. She did not improve and Dr. did not feel she was a surgical candidate.

Dr. (8/31/10) noted her severe depression (BDI 53), anxiety (BAI 56) and perception of crippling (Oswetry 76) and severe fear avoidance.

Dr. and Dr. noted, "it is very hard to assess the extent of injury that Ms. has..."

She completed 10 sessions of work hardening. She did not improve beyond the light PDL and only had some minimal improved motion. She has reportedly felt better and used more coping skills and less pain medication (Her letter).

Testing failed to show any functional improvement with the work hardening. She was at the light PDL before and after the sessions. She had some minimal improvement in flexibility.

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

She had the initial 10 sessions of work hardening. Criteria 14 requires documentation of "significant gains as documented by subjective and objective improvement in functional abilities." Dr. noted some gains within the same functional light level. This would not be a significant objective functional gain. She wrote of her own subjective improvement. Dr. described the significant psychological stressors present interfering with her recovery. Criteria 12 does allow for some psychological intervention. There was no documentation of objective improvement in dealing with her depression, anxiety and perceived disability. While she may have had some improvement, the required documentation of significant improvement has not been provided, Therefore, the medical necessity for work hardening has not been provided to justify the medical necessity of the additional treatment.

(12) *Further mental health evaluation:* Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning.

(14) *Trial:* Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress.

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)