

SENT VIA EMAIL OR FAX ON  
Jan/22/2010

## True Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (214) 717-4260  
Fax: (214) 276-1904  
Email: rm@trueresolutionsinc.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/20/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work Conditioning Program X 10 sessions; Additional Level

**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 12/10/09 and 12/24/09  
Pain & Recovery, Dr. 7/20/09 thru 1/13/09  
FCA 12/3/09  
Claims Management 1/12/10  
Memorial 1/9/09, 1/10/09  
Dr. 3/10/09  
Spine & Rehab 3/19/09 thru 10/29/09  
Invasive Pain Management 3/31/09 thru 6/24/09  
Chronic Pain Recovery 6/9/09  
6/19/09 and 9/24/09

Mental Health Eval 7/28/09  
8/12/09  
Records from Carrier 239 pages 1/2009 thru 1/2010

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx-year-old who developed back pain going to both lower extremities while reportedly pulling a floor jack. He has bilateral lower extremity pain, but no neurological loss. The EMG did not show a radiculopathy. The MRI reportedly showed disc bulges at L4/5 and L5/S1. He had 12 sessions of PT in March 2009. He had a psychological assessment by Dr. that showed severe pain. He reported having mood swings, crying, and sleep disturbances. He reportedly does not have a job to return to at this time. He was reported to be at MMI with a 5% impairment rating. He had an FCE that showed light PDL.

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

Dr. wrote on 12/18/09 and 1/13/10 that his man, "per an objective oriented FCE, he is currently functioning at the Heavy PDL." Based on this report, he would not need to be in a work-conditioning program. The others disagree with what Dr. wrote and said he was at a light PDL in the FCE. My concerns are that there is not a job to return to. Also, he manifests a pain grade of 10 with pain behaviors. After review, I feel he does not meet the criteria for a work-conditioning program, which emphasises physical activity, but not as much psychological support. The reviewer's medical assessment is that the work hardening program is not medically necessary for this patient.

**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)

