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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of work hardening (8 hours per day for 10 sessions) for the lumbar spine

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

MD, Board Certified in Physical Medicine & Rehabilitation

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 Treatment Guidelines

UR Determination Letter and Reconsideration/Appeal Letter, 1/15/10, 12/15/09

DC 12/16/09

Clinic 12/14/09, 11/12/09, 11/17/09

Balance 11/4/09

M.D. 3/27/09

M.D. 9/9/09, 10/22/09, 7/20/09, 7/29/09, 5/14/09

MRI 6/23/09, 6/5/09

PATIENT CLINICAL HISTORY SUMMARY

This patient is a male injured his back on xx/xx/xx when he was lifting an air conditioning unit. Lumbar MRI on 6/5/09 revealed at L5-S1 broad-based posterior disc herniation moderately indenting the thecal sac, causing moderate central and lateral spinal stenosis. At L4-5 there is broad-based posterior protrusion subligamentous disc herniation more prominent in the right side, causing moderate right inferior neural foraminal stenosis and slight left neural foraminal stenosis. He had ESI and physical therapy in early 2009. A 12/16/09 note from D.C. states that after being determined to be at maximum medical improvement with a 0% impairment rating, the injured employee found new providers and underwent spine surgery in September 2009. The September 9, 2009 operative note noted a multi-level laminotomy and discectomy. The patient completed 16 sessions of PT following the surgery. Work hardening was requested. A prior evaluation from this provider noted depression and sought individual psychotherapy. The request for work hardening was non-certified by HDI, as the injured employee was functioning at the level demanded by the occupation. The request was reconsidered and again non-certified, as the FCE noted a functional level greater than the job demand.

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

The records presented do not demonstrate that this patient meets the criteria for entrance into a work hardening program. Criteria 1 and 3 are not met. (1) Prescription: The program has been recommended by a physician or nurse case manager, and a prescription has been provided....(3) Job demands: A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits)." Records indicate this is a program not under physician supervision, the injured employee has a functional level needed to return to work at the current time, and the injured employee has not demonstrated any psychological impairment that would compromise his return to work. The reviewer finds that medical necessity does not exist for 80 hours of work hardening (8 hours per day for 10 sessions) 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)