

SENT VIA EMAIL OR FAX ON
Jan/22/2010

True Resolutions Inc.

An Independent Review Organization
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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

xxxxxx 1/12/10

xxxxxx 1/9/09, 1/10/09

Dr. 3/10/09

xxxxxxx 3/19/09 thru 10/29/09

Advanced 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

WCE 8/12/09

Records from Carrier 239 pages 1/2009 thru 1/2010

PATIENT CLINICAL HISTORY SUMMARY

This is 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 patient is not even appropriate for work hardening. The reviewer suspects he needs additional care may be more appropriate.

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)