

Becket Systems

An Independent Review Organization
9219 Anderson Mill Road #1012
Austin, TX 78729
Phone: (512) 553-0533
Fax: (207) 470-1075
Email: manager@becketystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning 3 x wk for 2 months

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

M.D., Board Certified, 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

UR Denial and UR Reconsideration Uphold Letters, 1/18/10, 1/20/10
10/22/09 to 1/12/10 Orthopaedic Specialists 12/9/09,
10/14/09
Surgical Hospital 7/15/09
NOVA 7/2/09

PATIENT CLINICAL HISTORY SUMMARY

This is a gentleman who was noted to have fallen from a ladder, resulting in a lumbar spine injury. On imaging study, two minor disc lesions were identified and a fusion procedure with instrumentation was completed in July of 2009. Post-operatively, the injured worker underwent physical therapy, aquatic therapy and based on a FCE that notes "fear avoidance" the physical therapist urged the requesting provider to prescribe a two month program of work conditioning. Travelers determined that the request for work conditioning did not meet medical necessity guidelines on 1/18/10 and upon reconsideration determined that the treatment did not meet medical necessity guidelines on 1/20/10.

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

As noted in the Official Disability Guidelines, there is a recommendation for work conditioning, however, only under a very narrow set of circumstances. These circumstances are not met in this case. The requesting provider did not note if there is a job to return to. There is no notation of the activities of that job. The referral was based on incomplete data and there were "fear avoidance" issues that limited the utility of the FCE. The requesting provider has provided no effort to outline why 24 sessions are needed, instead relying on the notes from the center where this program is to occur. Therefore, the standards as outlined in the ODG for work conditioning are not met. The reviewer finds that medical necessity does not exist for Work Conditioning 3 x wk for 2 months.

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)