

SENT VIA EMAIL OR FAX ON
Apr/15/2010

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 80 hours

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

Medical physician Board-certified in Physical Medicine and Rehabilitation
Medical Director of Rehabilitation Medicine

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 1/14/10 and 2/12/10
Healthcare 7/29/10 thru 3/17/10
Healthcare System 11/10/09

PATIENT CLINICAL HISTORY SUMMARY

This employee is, xxxx . He reported that on xx/xx/xx he was lifting xxx. Each can weighs 50 to 100 pounds. He felt back pain and he stopped working. He had been working for this company 20 months. MRI on 5/20/2009 shows mild DDD consistent with age and there are no masses, tumors or other structural changes. He has had an FCE, which indicates that on that day he performed at the sedentary to light level. He has had a psychological assessment indicates he has pain, anxiety and stress. It indicates that the pain is 6/10 and 9/10 before medication. It indicates he does have pain behaviors such as grimacing and

moving in his chair. It indicates that he needs work hardening to address his emotional needs.

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

The worker reported pain on xx/xx/xx. The MRI findings show that there was no structural change noted after this lifting event. There are degenerative findings on the MRI, which are consistent with age. The patient did have pain, which may have been consistent with a lumbar strain. A strain does resolve in 6 weeks with or without treatment. The assessment for the work hardening indicates there are emotional issues that should be addressed. There are also pain behaviors noted in this interview. The official disability guidelines indicate that keeping workers out of work actually contributes to disability behavior. Expedited return to work has been shown to be more useful in improving function and decreasing pain than extended disability (Bernacke, 2000; Boseman, 2001). Chronic pain is independently related to low self rated health in the general population. Significant pain improvement is seen in groups that are prescribed light activity over groups that receive only medical treatment, especially in back pain. In this case, it is detrimental to this individual's health and his perception of his health to keep him out of work. It is in this patient's best interest for him to continue working and to increase from light duty to a level that he is able to perform. An FCE is done on only one day and shows that patient's capability in that one day. The need for work hardening is not established. No structural change occurred in xx/xx/xx. A strain would resolve. By continuing to work the patient will have conditioning of the muscles and be a part of a working community, which prevents disability behavior.

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)