

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/03/2010

**IRO CASE #:**

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

Work Conditioning 5xWk x 2Wks Lumbar

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

MD, Board Certified in Physical Medicine and 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**

Adverse Determination Letters, 3/29/10, 4/5/10

Rx, 3/30/10

Health, 3/22/10

Dr. MD, 11/12/09

Health Care Systems, 1/8/10

Healthcare Systems Daily Progress and Therapy Notes, 3/26/10,  
2/24/10, 2/22/10, 2/19/10, 2/17/10, 2/15/10, 2/10/10, 2/8/10, 2/5/10,  
2/3/10, 2/1/10, 1/29/10, 1/27/10, 1/25/10

ODG Guidelines, Work Conditioning

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xxx injured lifting boxes on xx/xx/xx. He underwent lumbar surgery on 7/11/09. He subsequently had a discectomy, osteophyctectomy, facetectomy and foraminotomy with L5/S1 fusion on 11/15/09. He had an FCE in January 2010. The note of 1/8/10 stated the claimant had not had any physical therapy as of that date. He then underwent physical/chiropractic therapy for 15 sessions (3/wk for 5 weeks) followed by another FCE on 3/22/10. He was found to at the occasional medium heavy PDL and the frequent very heavy PDL. There was an original request for 20 sessions of work conditioning (4 weeks) reduced to 10 sessions (2 weeks). He had ongoing pain, but no abnormal pain behaviors. He has no job to return to on the 3/22/10 note.

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

This request does not meet ODG criteria for admission to a Work Conditioning program. The records did not contain any description of job availability, future medical treatment options or mental health assessment. The reviewer finds that medical necessity does not exist at this time for Work Conditioning 5xWk x 2Wks Lumbar.

**ODG Work Conditioning (WC) Physical Therapy Guideline**

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also Physical therapy for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work

Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.

**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)