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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of work hardening for the lumbar and thoracic spine

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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 4/15/10, 4/9/10

D.C. 4/12/10, 4/6/10, 2/29/10

4/6/10, 12/22/09, 10/5/09

xxxxxx 4/1/10, 2/25/10

xxxxxx 2/17/10, 8/21/09, 8/24/09, 8/26/09, 8/28/09,

8/31/09, 9/2/09, 9/4/09, 9/9/09, 9/11/09, 9/14/09, 9/16/09, 9/21/09, 2/1/10,

2/2/10

2/5/10

PATIENT CLINICAL HISTORY SUMMARY

He sustained a T12 compression fracture on xxxxxxx. He fell lifting a cable. He had 14 sessions of therapy. His pain continued and an MRI showed a small HNP at L5/S1. He also reportedly had a normal EMG. He had a baseline of a light PDL with a requirement of his job to be at a heavy level. He needs to frequently lift 50 pounds, and 100 pounds infrequently. He had a BAI of 14 and a BDAI of 21. His Oswestry score showed a severe perception of disability. He had 10 sessions of work hardening. He reached a medium to light medium PDL. His BAI did not change. His BDI improved to 18. He was able to lift 30 pounds. His pain VAS dropped by 1.

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

This patient entered the work hardening program due to psychological needs. He has a lot of stressors per the reports. Further, he has a job to return to if he can meet the requirements. The ODG states: "(14) Trial: Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress."

The ODG also states that: "(19) Program timelines: These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of a greater intensity is required. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.

Based on the records, this patient has been compliant and has demonstrated progress over the first 10 sessions of the program. The goals are to meet the requirements of his job. Records demonstrate that he is progressing. The reviewer finds that medical necessity exists for 80 hours of work hardening for the lumbar and thoracic 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)