

SENT VIA EMAIL OR FAX ON
Apr/15/2010

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning 3 X wk X 2 wks

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 2/3/10, 2/10/10, 2/8/10

Rehab & Testing 2/4/10 FCE 1/29/10

Description 7/1/06

Medical Family 12/7/09

Diagnostic & Treatment 5/13/09 thru 8/3/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xxxx injured on xx/xx/xx. She developed back pain. Her MRI reportedly showed disc herniations between L4/5 and L5/S1. The report was not provided. She was diagnosed as having a lumbar radiculopathy, but improved with facet RF rhizotomy. There is a note of poor response to prior therapies. Ms. wrote on 1/28/10 "She wants to get ready to go back to

work.” She had an FCE the next day. The issue is the validity of the testing that showed her to be at a sedentary light PDL that does not meet the requirements of her job. The validity of the FCE was questioned due to reported submaximal efforts, self-limitations due to pain and anxiety and nonorganic signs. She had a rapid heart rate at rest (80), and reached 100 rapidly. She reportedly had done poorly with prior therapies, but I could not determine if these preceded the RF rhizotomy.

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

The records describe her heart rate increasing with activity. This would increase some of the validity factors. She did self-limit due to pain. The lack of prior improvement with therapy may have been related to ongoing facet pain, as the IRO reviewer do not know if the therapy was before or after the RF procedure. She is unable to return to her job at the current functional level. While the ODG prefers actual work, the IRO reviewer does not think that could be arranged on a xxxx . She is deconditioned. The tachycardia during testing showed that. There are no overt contraindications, only the lack of effectiveness reported in the “routine” physical therapy. She would likely improve with the therapies in work conditioning to be gainfully employed and to overcome some of her kinesiophobia and anxiety.

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)