

SENT VIA EMAIL OR FAX ON  
Sep/17/2010

## True Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: (214) 717-4260

Fax: (214) 276-1904

Email: rm@trueresolutionsinc.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/17/2010

**IRO CASE #:**

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

30 hours of Work Conditioning Program

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

Board certified in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics. Medical Director of 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**

OD Guidelines

Denial Letters 8/5/10 and 8/3/10

Rehab & Work Conditioning 11/16/09 thru 6/3/10

Dr. 11/30/09 thru 7/16/10

Dr. 6/22/10

Work Conditioning Program 5/28/10

Clinical Observation 4/19/10

Return to Work PPE 2/26/10

MRI 11/17/09

Care Clinic 11/13/09

**PATIENT CLINICAL HISTORY SUMMARY**

He reported on xx/xx/xx that after driving on very bumpy and uneven roads he experienced back pain. He was out of work 10/5/2009 until 3/4/2010. He has been working without restrictions. He did have therapy and it is unclear from the therapy notes if there was objective functional improvement. MRI shows L45 central canal stenosis and spondylolisthesis. FCE shows the patient is capable of light medium work. He has tried naproxen for the pain and more recently takes acetaminophen. He plans to retire in September, as he will be eligible for Medicare. An RME by Dr. on 6/22/2010 shows full lumbar ROM, negative SLR and normal sensory, motor and reflex examination.

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

This patient has been working full duty with plans to retire in September of 2010. He has a spinal stenosis, which is not work related. He will have some lumbar pain secondary to the stenosis. He was given therapy and there is not documentation of objective change with this lesser form of treatment. Work conditioning is not indicated. There is no evidence of failure of lesser forms of treatment. Medication management has not been maximized as

recommended by the guidelines. The request is not medically necessary.

**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)