I-Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/31/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work hardening times ten sessions 80 hours for lumbar

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Doctor of Medicine (M.D.)
Board Certified in Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)
[X] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Low Back Chapter, Chronic Pain
7/26/10, 8/9/10
Care and Rehab. Center 4/14/10 to 8/2/10
Initial FCE 4/28/10
FCE II 7/16/10

PATIENT CLINICAL HISTORY SUMMARY
The patient is a man with a date of injury on xx/xx/xx. He was injured while working at his job. According to the PT initial evaluation on 4/14/10, the patient had back surgery 24 years ago. The patient has chronic low back pain. He has had extensive conservative treatment including medication, activity modification, two epidural steroid injections, and approximately 19 physical therapy visits. The patient is not candidate for surgery. A recent functional capacity evaluation demonstrated that the patient did not meet the Heavy Physical Demand Level. Work hardening was recommended by Dr.. The request was denied based on information that the patient has no specific job to return to nor any specific defined return-to-work goal or job plan.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
A review of the records demonstrates this patient has satisfied all but one of the ODG criteria for admission to a work hardening program. There does not appear to be a “specific defined return-to-work goal or job plan that has been established, communicated and documented,” nor “a plan agreed to by the employer and employee.” The patient is a plumber. ODG

Criteria #17 states that vocational counseling should be available, and “would be required if the patient has no job to return to.” According to a note from, the reason work hardening has been recommended is so that the patient would benefit from vocational counseling. Based on the totality of the records reviewed and the fact that all but one of the criteria for work hardening have been satisfied in this patient’s case, the reviewer finds that medical necessity does exist for Work hardening times ten sessions 80 hours for lumbar.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)