

SENT VIA EMAIL OR FAX ON  
Sep/17/2010

## Pure Resolutions Inc.

An Independent Review Organization

1124 N Fielder Rd, #179

Arlington, TX 76012

Phone: (817) 349-6420

Fax: (512) 597-0650

Email: [manager@pureresolutions.com](mailto:manager@pureresolutions.com)

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/15/2010

**IRO CASE #:**

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

12 physical therapy visits

**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 8/31/10 and 8/10/10

Dr. 9/22/1999 thru 7/27/10

OP Report 10/21/99, 5/11/00, 4/19/01, 2/19/03, 3/30/05, 3//09,

6/22/09, 1/11/07, 5/23/07, 2/28/08

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man injured in xxxx. This was followed by therapies, ESIs, botox injection, spinal stimulator. He has ongoing low back pain and left lower extremity pain. Dr. saw him in July and planned 2 additional ESIs and trigger point injections followed by additional therapy.

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

The prior denial addressed physical therapy that was denied. This request is for work conditioning. Work Conditioning is considered intensive physical therapy beyond prior therapy. It is used in subacute conditions. This situation is 11 years old. The goal of Work Conditioning is to improve work participation. The records from the decade of treatment and therapy especially the most recent of 7/27/10, did not describe this man as working or looking for work. The most recent note dated 7/27/10 described pain, flexed position with limited motion and an antagait gait. The spinal stimulator was reprogrammed. There was nothing provided to support the role of work conditioning to get this man to work.

**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)