

SENT VIA EMAIL OR FAX ON
Apr/05/2011

Applied Assessments LLC

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (512) 772-1863
Fax: (512) 857-1245
Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1 Functional Capacity Evaluation (FCE)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified PMR and Pain Management

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who is reported to have sustained work related injury on xx/xx/xx. On this date she is reported to have been counting a stack of boxes when a box fell striking her on top of her head. She subsequently was evaluated and diagnosed with contusion to neck and back of head. She was later referred for MRI of cervical spine on 02/25/10, which indicated age related degenerative changes, disc desiccation, tiny central disc protrusion with bulging at C4-5 and C5-6. At C2-3 and C5-6 there is congenital stenosis. Records indicate the claimant was referred for functional capacity evaluation on 04/06/10. It is reported she was able to perform at light physical demand level. Records indicate the claimant has received extensive physical therapy. Oral medications have included Propoxyphene, Cyclobenzaprine, and Zoloft. Records indicate the claimant was referred for psychological testing. McGill pain questionnaire reported pain level of 4-5. On brief pain inventory short form her pain level is 9. Oswestry Disability Index she scored 50/100. On pain impairment rating scale she scored 87/105. BDI-II is 35/63 and BAI-II is 37/63. She is noted to have fear avoidance, physical deconditioning. She is reported to have withdrawn from social activities and normal contacts. Clinic note dated 01/12/11 indicates the claimant

continues to have chronic neck pain graded 8/10. She is diagnosed with chronic pain syndrome. She requires opiate medications for pain management. Her previous functional capacity evaluation is referenced. Records indicate the claimant was referred for chronic pain management program, in which she is reported to have 50% attendance. It was reported the claimant did not wish to continue program and requested voluntary discharge. She subsequently was recommended to undergo final functional capacity evaluation.

Per letter of appeal dated 02/02/11 the claimant completed 7 sessions of chronic pain management and was requesting discharge against medical advice. It was recommended valid discharge functional capacity evaluation should be performed accurately and objectively determine proper treatment protocols, what's appropriate prognosis formulation and disability determination, and to objectively identify appropriate functional capacity and physical demand level for the claimant.

Records indicate the claimant underwent evaluation on 07/07/10 and was subsequently assessed a date of MMI of 03/24/10 with 0% whole person impairment.

On 02/02/11 the request was reviewed by Dr.. Dr. notes the most recent medical report did not include comprehensive physical examination documenting the claimant's current functional status to include range of motion and motor strength measurements. It is further noted that there is no objective documentation regarding job specific work demands. As such, the request was non-certified.

On appeal review the request was evaluated by Dr.. It is reported that Dr. discussed the case with Dr. He reported the claimant was approved for CPMP x 10 but had poor compliance and left the program after 7 days against medical advice. She has not attempted to return to work. She was last seen on 01/12/11, but no exam was performed. Dr. intends to discharge the claimant due to poor compliance.

Based upon this information, Dr. finds functional capacity evaluation is not medically necessary.

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

Based on the clinical information provided, the requested functional capacity evaluation is not recommended as medically necessary and two previous denials are upheld. The submitted clinical records indicate the claimant initially was struck in head by box. She has undergone extensive conservative treatment, which has included oral medications and over 22 sessions of physical therapy with continued subjective complaints. She has undergone psychiatric evaluation, which indicates high levels of depression, anxiety and fear-avoidance. She has previously undergone functional capacity evaluation in 04/10, which indicated the claimant was capable of returning to work at sedentary physical demand level. The claimant was later referred to chronic pain management program and attended 7/10 sessions and subsequently requested discharge from the program against medical advice. The claimant has not returned to work and has essentially been lost to follow-up. Based upon totality of the clinical information, a repeat functional capacity evaluation is not medically necessary under the clinical circumstances.

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)