

SENT VIA EMAIL OR FAX ON  
Aug/17/2011

## True Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/15/2011

**IRO CASE #:**

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

80 hours of Work Hardening

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

Board Certified PMR

**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

1. Cover sheet and working documents
2. History and physical Dr. MD 05/20/11
3. Multidisciplinary work hardening plan and goals of treatment 04/07/11
4. Initial behavioral medicine consultation 02/16/11
5. Evaluation for work hardening program 05/20/11
6. Reconsideration for work hardening program 07/08/11
7. Work hardening program pre-authorization request 06/17/11
8. Patient report of work duties 05/20/11
9. Functional abilities evaluation 05/20/11
10. Health insurance claim form 1500s
11. Report of medical evaluation 02/18/11
12. Texas Workers' Compensation work status report 02/18/11
13. Designated doctor evaluation 02/18/11
14. Note to designated doctor 12/07/10
15. Request for designated doctor

16. Electrodiagnostic results 01/14/11
17. Radiologic report cervical spine, five views 02/22/11
18. Peer review Dr. MD 06/22/11
19. Utilization review determination 06/22/11
20. Peer review Dr. MD 07/13/11
21. Utilization review determination 07/13/11
22. Confirmation of receipt of request for IRO 07/28/11
23. Request for IRO 07/26/11
24. Notice of assignment of IRO 07/28/11
25. Patient face sheet 06/17/11
26. History and physical Advanced Spine Solutions 06/28/11
27. Office consultation North Texas Imaging 05/06/11
28. MRI cervical spine 12/14/10
29. Office note Dr. MD
30. Clinical notes Emergency Care Clinic 11/30/10 through 02/08/11
31. CT cervical myelogram 03/14/11
32. Electromyography report Dr. MD 03/08/11
33. Initial comprehensive evaluation 11/29/10

#### **PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was assaulted. The patient presented with complaints of pain about his neck, left shoulder, severe headaches, pain in his face, left elbow, right hand and left eye. Treatment to date is noted to include diagnostic testing, 18 sessions of physical therapy and injections in his neck. Initial behavioral medicine consultation dated 02/16/11 indicates that BDI is 30 and BAI is 16. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, acute; rule out cognitive disorder NOS. Designated doctor evaluation dated 02/18/11 indicates that the patient has not reached MMI, but estimated MMI date is 06/15/11. The patient was recommended to undergo treatment for cervical radiculopathy. The patient was subsequently recommended for C3-5 ACDF. The patient underwent cervical epidural steroid injection on 05/06/11. Functional capacity evaluation dated 05/20/11 indicates that required PDL is light and current PDL is light to medium. The patient has reportedly been participating in a work hardening program for the last several weeks and has shown some improvement.

Initial request for work hardening was non-certified on 06/22/11 noting that the functional capacity evaluation states the patient has been in work hardening for several weeks; however, the provider states that the patient has not been in work hardening. There is a need for clarification as to whether the patient has been participating in a work hardening program. Letter of reconsideration states that the patient has not participated in a work hardening program and this is the initial request. The patient is currently working light duty. The denial was upheld on appeal dated 07/13/11 noting that there are no physical therapy progress notes submitted for review. There are no drug screening tests provided. There is no formal return to work documentation for this patient.

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

Based on the clinical information provided, the request for 80 hours of work hardening is not recommended as medically necessary, and the two previous denials are upheld. The submitted records state that the functional abilities evaluation reports current PDL is light-medium and required PDL is medium; however, review of the report clearly states "the pushing and pulling status for the patient's job is light. The lifting status for the patient's job is light." The patient "is lifting overall in the light to medium category". The patient's occasional lifting ability is 40 lbs and work required amount is 20 lbs. Frequent lifting ability is 25 lbs and required is 10 lbs. The report indicates that the patient's current abilities already meet required work duties. Additionally, there is no specific defined return to work goal agreed to by employer and employee submitted for review. Given the current clinical data, the requested work hardening is not indicated as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

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

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**