

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145

Notice of Independent Review Decision

DATE OF REVIEW: 1/4/11

IRO CASE #:

Description of the Service or Services In Dispute
Work conditioning 80 hours/10 sessions (denial: 12/06/2010)

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

Physician Board Certified in Physical medicine and Rehabilitation

REVIEW OUTCOME

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters, 12/06/10, 11/15/10
Clinical notes Accid & Injury Rehab
Clinic 10/28/2010
Physical Therapy Svcs 9/24/2010
Functional Abilities Eval 9/22/2010
IME, Dr. MD 9/22/2010
FCE 11/02/2010
Job description,
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has worked for several years as a. He felt lumbar pain in while doing some lifting. A lumbar MRI dated 8/05/2010 has revealed a central L5-S1 disk herniation. A 9/22/2010 FCE showed the patient to be functioning at a light PDL. A later FCE, dated 11/02/2010, demonstrated functioning at a medium PDL level. A work hardening program of 80 hours consisting of 10 sessions of 8 hours each was recommended. It was related by the doctor that the patient has a job to return to. He had had 12 sessions of physical therapy.

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

I agree with the denial of the requested services. In regard to the ODG/TWC 2010 Low Back chapter concerning work conditioning. There is not evidence that this patient at maximal effort

has demonstrated capacities below the physical demand analysis. This patient's occupation upon review of the job description requires essentially a medium PDL and he is already at that level. The ODG/TWC chapter also describes the work conditioning sessions as being 3 hours in length. I agree that there is no adequate rationale for 8 hour sessions. This patient has worked at the job for several years by his work history. He can return without undergoing 80 hours of a work conditioning program. The job description of the. lists some force/push poundage needed by the worker but there is no definite lifting poundage requirement which this patient cannot do.

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

- ACOEM- AMERICAN 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)