



Notice of Independent Review Decision

DATE OF REVIEW: 01/06/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 5 x Week x 2 Weeks for 8 Hours per Day - 10 Days

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

Board Certified in Physical Medicine and Rehabilitation

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)

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

Work Hardening 5 x Week x 2 Weeks for 8 Hours per Day - 10 Days – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Emergency Physician Record, Unknown Provider, 02/23/10

- BSA Emergency Department Physician Order Sheet, Unknown Provider, 02/23/10
- BSA Emergency Department Nursing Addendum, Unknown Provider, 02/23/10
- Emergency Department Nursing Flow Sheet, Unknown Provider, 02/23/10
- Discharge Summary, Unknown Provider, 02/23/10
- Emergency Department Assessment, Unknown Provider, 02/23/10
- Admission Record, Unknown Provider, 02/23/10
- Emergency Department Record, Unknown Provider, 02/23/10
- Cervical Spine CT, M.D., 02/23/10
- Lumbar Spine X-Ray, M.D., 02/23/10
- Thoracic Spine X-Ray, Dr. 02/23/10
- Initial Report, M.D., 03/03/10
- Progress Note, M.D., 03/10/10, 03/12/10, 03/23/10, 04/06/10, 04/12/10
- Brain MRI, M.D., 03/03/10
- Lumbar Spine MRI, M.D., 03/10/10
- Thoracic Spine MRI, Dr. 03/10/10
- Physical Therapy, 03/24/10, 03/30/10, 04/06/10, 04/08/10, 04/09/10, 04/12/10, 04/14/10, 04/16/10
- Progress Note, M.D., 03/30/10
- DWC Form 73, Dr. 04/12/10
- Progress Note, F.N.P., 05/03/10, 05/25/10, 06/08/10, 07/12/10
- Follow Up, D.O., 05/24/10.
- Evaluation, L.P.C., 07/30/10
- Basic Interpretive Report, Mr. 07/30/10
- Functional Abilities Evaluation, Evaluation Center, 08/06/10
- Physical Performance Evaluation (PPE), Evaluation Center, 09/15/10
- Denial Letter, 10/13/10, 11/05/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was involved in a motor vehicle accident on xx/xx/xx when he was stopped and rear ended. X-rays of the lumbar and thoracic spine were taken, which showed no acute bony abnormality. A CT of the cervical spine was obtained which was also a normal study. The patient was conservatively treated with Soma and Motrin. An MRI of the brain was normal. An MRI of the lumbar spine showed minimal disc bulging at L2-L3, L3-L4, L4-L5, and L5-S1. An MRI of the thoracic spine was grossly normal. The patient then underwent approximately eight sessions of physical therapy. The patient continued conservative treatment with medications to include Soma, Celebrex and Flexeril. Zanaflex was later added to his medication regimen. Trigger point injections were recommended. The patient was then referred to a psychiatrist who recommended a work hardening program.

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

Per ODG, the requested program of work hardening is not medically reasonable or necessary. The ODG provides a number of specific criteria for determining candidacy for work hardening. Given the review of medical records provided by the additional treating physicians in Amarillo and subsequent treating physicians in San Antonio, it is clear that the patient meets the ODG criteria for “Other contraindications: there is no evidence of other medical, behavioral, or co-morbid conditions (including those that are not work related) to prohibit participation in the program that contradicts successful return to work upon program completion.” The significant variation in the medical presentation, the medical history, and the patient’s physical examination findings along with complete normalcy of the previous diagnostic testing indicates that much of the patient’s complaints appear to meet the criteria for behavioral contraindications. As such, the patient does not meet the ODG criteria for participation in a work hardening/work conditioning program, and this request cannot be support by the ODG.

A 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)**
- AMA GUIDES 5TH EDITION**