US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 work hardening sessions

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine & Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines, Low Back Chapter
Services, Denial Letters, 5/26/11, 6/7/11
Medical Healthcare 7/21/10-6/6/11
Relief Center, Inc. 1/12/11
Hospital 9/29/10
Diagnostics I, LLC 10/18/10
Imaging Center 9/15/10
Medical Evaluations 5/11/11
Mental Health & Social Services 5/11/11
Medical Healthcare 7/21/10
DC 5/26/11
D.C. 6/16/11
9/23/10
Systems 11/15/10

PATIENT CLINICAL HISTORY SUMMARY
This is a woman injured on xx/xx/xx. She developed low back pain that was initially treated for a muscle strain. An MRI on 9/15/10 described a disc protrusion at L5/S1 compromising the bilateral S1 roots. An EMG in 10/10 described fibrillations in the left and right peroneoi and medial gastocnemius but not involving the paraspinal muscles. This was felt to represent a bilateral S1 radiculopathy. The records did not describe any neurological loss besides lateral foot and plantar hypoesthesia. A request for a pain program in 1/11 was denied. Her pain score on 6/6/11 was 0/10. Dr. noted that she had an FCE in 10/10 and was at a light level. The FCE done on 5/11/11 by Dr. cited she was at a medium level. The prior job was reportedly at a heavy PDL. The request for additional work hardening had been made.

Dr. wrote on 1/2/11 that "…she has been released to work at the light duty status and

currently she has been actively looking for a job." In their assessment, Dr. Dr. and Dr. wrote (5/19/11) that "Patient has been interviewing for jobs and is confident that she will receive an offer…"

The psychological screen showed a fear avoidance score of 11, mild depression, no anxiety and an Oswestry score of 3%, or no impairment.

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

This patient's Oswestry score describes no perceived deficits. She has some mild depression and mild fear avoidance. Further, it is unclear if she provided the required maximal effort in the FCE. Using a formula that is commonly used and implied in the AMA Guides, the maximal heart rate is determined to be at (220-age). This would be 196 for this patient. The testing is done to 70% of the maximal heart rate or 137. Her maximal heart rate in several of the testing activities was just 107, or about 50%. The report stated she self-limited to pain at a level of 2 or 3. Her 2-step level was at a 2.5 MET or light level, but the heart rate was not provided. This suggests she self-limited possibly due to the pain – and that the FCE provided did not actually measure her capacity. This calls into question the appropriateness for the work hardening program that has been requested. At this time, the reviewer finds there is not a medical necessity for 10 work hardening sessions.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)