

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening x 10 sessions, 80 hrs

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

MD, Board Certified in Physical Medicine and Rehabilitation 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

Official Disability Guidelines
Cover sheet and working documents
Utilization review determination dated 04/05/11, 04/28/11
Initial medical report dated 06/30/10
Handwritten progress note dated 01/26/11, 02/25/11
EMG/NCV dated 07/15/10
Radiographic report dated 07/14/10
Electrodiagnostic interpretation dated 06/03/10
MRI cervical spine dated 04/09/10
MRI lumbar spine dated 03/11/10
Letter dated 04/16/10
Functional capacity evaluation dated 03/03/11
Office visit note dated 04/12/10
Designated doctor evaluation dated 07/28/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a XX year-old male whose date of injury is XX/XX/XXXX. On this date the patient was driving and was hit from behind by a dump truck. The patient reported pain to the neck and low back. MRI of the lumbar spine dated 03/11/10 revealed broad based posterior protrusion-subligamentous disc herniation measuring 3.5-4 mm in AP diameter at L4-5 touching the thecal sac. MRI of the cervical spine dated 04/09/10 revealed central posterior protrusion subligamentous disc herniation measuring 2 mm at C4-5 indenting the thecal sac; posterior bulging disc at C3-4. Electrodiagnostic interpretation dated 06/03/10 is reported as an unremarkable study. Note dated 06/30/10 indicates that treatment to date consists of 5 PT sessions. EMG/NCV dated 07/15/10 reports findings most consistent with a cervical radiculopathy primarily affecting the left C5 nerve root. Designated doctor evaluation dated 07/28/10 reports diagnosis of cervical strain and lumbar strain and was determined to have reached MMI as of this date with 0% whole person impairment. Functional capacity evaluation dated 03/03/11 indicates that current PDL is light and required PDL is heavy.

Initial request for work hardening was non-certified on 04/05/11 noting that the patient has been released to unrestricted work duty by designated doctor. The denial was upheld on appeal dated 04/28/11 noting the patient was placed at MMI with a 0% whole person impairment by a designated doctor as of 07/28/10, the designated doctor has presumptive weight and the report was not disputed.

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

The submitted records fail to establish that the patient has undergone an adequate course of physical therapy with improvement followed by plateau. There is no pre-program psychological evaluation submitted for review as required by the Official Disability Guidelines. The patient was previously placed at MMI with 0% whole person impairment rating by a designated doctor as of 07/28/10 and released to unrestricted work. Based on the clinical information provided, the request for Work Hardening x 10 sessions, 80 hrs is not found to be medically necessary.

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)