

SENT VIA EMAIL OR FAX ON
Nov/03/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program X 10 days

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

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

Cover sheet and working documents

Utilization review determination dated 09/22/11, 09/09/11

Work hardening program preauthorization request dated 09/06/11

Reconsideration work hardening program dated 09/19/11

Handwritten note dated 07/06/11

Work hardening plan and goals of treatment dated 08/22/11

Job description and job functions

PPE dated 08/31/11

Assessment/evaluation for work hardening program dated 08/22/11

Individual psychotherapy notes dated 08/23/11

Initial behavioral medicine consultation dated 07/11/11

MRI lumbar spine dated 08/18/10

CT scan of abdomen and pelvis dated 07/30/10

EMG/NCV dated 11/11/10

Somatosensory evoked potential study lower extremities dated 11/11/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting 40 lb trash bags from the back of a high lift truck and pivoted his body or torso and threw the bag. Treatment to date includes diagnostic testing, epidural steroid injection x 2 at L5, and individual psychotherapy x 6. IPT reassessment dated 08/23/11 indicates diagnoses are pain disorder associated with both psychological and general medical condition, chronic, and major depressive disorder, recurrent, severe. BDI increased from 25 to 31 after 6 sessions of individual psychotherapy and BAI decreased from 25 to 22. Assessment dated 08/22/11 indicates that current medications include Hydrocodone, Cymbalta and Elavil. PPE dated 08/31/11 indicates that required PDL is heavy and current PDL is light.

Initial request for work hardening was non-certified on 09/09/11 noting that there is no documentation that the patient has had an adequate trial of conservative care including formal physical therapy to support the request. Reconsideration request dated 09/19/11 indicates that the patient has completed 14 physical therapy sessions to date. The denial was upheld on appeal dated 09/22/11 noting that there is little evidence that the claimant has signs and symptoms of an active radiculopathy; the proposed work hardening program appears to be a reprisal of previously failed psychotherapy. The patient appears to have significant psychosocial barriers to returning to work. There is no evidence that the patient has failed a trial of regular work.

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 work hardening program x 10 days is not recommended as medically necessary, and the two previous denials are upheld. The submitted records fail to establish that the patient has undergone an adequate trial of physical therapy with improvement followed by plateau as required by the Official Disability Guidelines prior to enrollment in a work hardening program. There is no return to work goal agreed to by employer and employee submitted for review. Given the current clinical data, the requested work hardening program is not indicated as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES