



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 11/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97750 MODIFIER FUNCTIONAL CAPACITY EVALUATION, 16 UNITS; DOS 5/2/2011

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

M.D. Board Certified Occupational Medicine/ Urgent Care Medicine.

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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	9/30/2011
Utilization Review Determinations	5/11/2011-7/12/2011
Diagnostics	9/19/2011
Appeal Request	5/02/2011
Initial Functional Capacity Evaluation	5/09/2011
EMG/NCV Study	
Letter of Denial of Services	6/06/2011
Health Insurance Claim Form	7/13/2011
Request for Reconsideration	7/09/2011
M.D. Office Visit Note	9/12/2011
P.A. Designated Doctor Exam	7/29/2011



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Medical Management Solutions Designated Doctor Evaluation	7/25/2011
Medical Center Physician Activity Status Report	4/17/2011
Imaging MRI Lumbar Spine	5/31/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker is a worker for xx who sustained a slip and fall industrial injury in xx/xx/xx.

Thus far, he has been treated with the following: Analgesic medications; chiropractic manipulations; an MRI of the lumbar spine, which revealed multilevel disc bulging, most prominent at L5-S1; and extensive periods of modified duty work.

He has not returned to regular duty work since the accident date.

All 60 pages of medical, insurance, and administrative records provided were reviewed in their entirety.

Designated doctor evaluations dated July 2011 are notable for continuing complaints of pain, complaints of intermittent numbness and tingling in the right foot, a normal motor and sensory exam about the bilateral lower extremities, normal gait and posture, and near-normal to normal range of motion about the lumbar spine.

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

The injured worker has well-preserved neurological function about the bilateral lower extremities, including a normal motor exam, normal sensory exam, and normal to near normal gait.

There does not appear to be any reason why a trial of regular duty work cannot be attempted here.

Functional capacity evaluations and work conditioning programs should not be used as a substitute for clinical judgment, as is the case here.

It is not, at this point, noted whether or not the injured worker even has a job to return to. The goals of the proposed functional capacity evaluation have not been clearly articulated.

If and when the injured worker failed a trial a regular duty work, a functional capacity evaluation could be re-considered, at that point.



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At this time, however, there is no compelling indication for a functional capacity evaluation. **The request is therefore non-certified.**

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 KNOWLEDGBASE
- 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