C-IRO Inc.

An Independent Review Organization
1108 Lavaca, Suite 110-485
Austin, TX 78701
Phone: (512) 772-4390
Fax: (512) 519-7098
Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 hours of work hardening

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Physical Medicine and Rehabilitation

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 and Treatment Guidelines
Utilization review determination dated 08/25/11, 09/21/11
Appeal request dated 09/06/11
Precertification request dated 08/16/11
PPE dated 08/01/11, 06/20/11, 05/13/11
Functional capacity evaluation dated 06/03/08
Electrodiagnostic results dated 09/02/10
Handwritten reevaluation dated 08/03/11, 07/06/11, 05/25/11, 04/25/11, 04/30/08
Examination findings dated 03/30/11, 03/01/11, 02/08/11, 01/05/11, 10/17/07, 11/14/07, 01/09/08, 02/06/08, 03/05/08, 04/02/08, 09/06/11
Prescription log dated 05/21/10-07/21/11
Follow up note dated 07/21/11, 04/26/11, 04/05/11, 02/17/11, 05/19/08, 05/28/08, 06/25/08, 07/23/08, 10/15/08, 12/10/08, 02/04/09, 03/04/09, 04/29/09, 05/27/09, 08/19/09, 10/14/09, 11/20/09, 12/18/09, 01/22/10, 02/19/10, 03/19/10, 04/23/10, 05/21/10, 06/18/10, 07/16/10, 08/17/10, 09/14/10, 10/12/10, 11/09/10, 12/08/10, 01/05/11, 02/08/11, 03/01/11, 03/30/11
Vocational intake form dated 08/04/11
Medication contract undated
Psychological evaluation dated 08/03/11, 06/03/08
Work hardening treatment plan dated 07/28/08
Handwritten daily note dated 07/15/11, 07/13/11, 07/11/11, 07/08/11, 07/07/11, 07/06/11, 06/16/11, 06/13/11, 06/11/11, 06/10/11, 06/08/11, 06/06/11, 06/03/11, 06/01/11, 05/31/11, 05/27/11, 05/25/11, 05/24/11, 07/29/11, 07/27/11, 07/25/11, 07/22/11, 07/20/11, 07/18/11
Radiographic report dated 04/26/11, 07/21/11, 09/17/07
MRI lumbar spine dated 05/20/10, 09/21/07
Operative report dated 04/11/11

Procedure note dated 02/15/08, 05/09/08, 03/28/08
Initial consultation report dated 01/11/08
Laboratory report dated 03/01/11, 02/08/11
Peer review dated 12/10/08
Designated doctor evaluation dated 04/21/08

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male injured when he slipped off of an elevator and injured his back. Treatment has included physical therapy, bilateral lumbar facet injection bilateral lumbar facet medial branch blocks on 03/28/08, and lumbar facet rhizotomy on 05/09/08. Designated doctor evaluation on 04/21/08 states that the patient reached MMI as of this date with 5% whole person impairment. The extent of the compensable injury is lumbar sprain with continuing pain.
The patient underwent anterior lumbar interbody fusion L5-S1 on 04/11/11 followed by a course of 24 sessions of postoperative physical therapy. Psychological evaluation dated 08/03/11 indicates that current medications include Celebrex and Hydrocodone. BDI is 9 and BAI is 12. Diagnosis is chronic pain disorder associated with both psychological features and general medical condition. PPE dated 08/01/11 indicates that current PDL is heavy and required PDL is heavy-very heavy.

Initial request for work hardening was non-certified on 08/25/11 noting that the PPE stated the patient's job requires him to lift 75 to 80 lbs occasionally. The patient is able to comfortably lift 100 lbs from floor to knuckle. The behavioral assessment noted minimal depression/anxiety. A job description from the employer was not found. The patient should be able to return to work duties and continue with a self-directed home exercise program. Appeal letter dated 09/06/11 indicates that the patient is a and The patient does not meet essential job functions to include overhead and shoulder lifting. His employer has been contacted and there is no formal job description available for review. The denial was upheld on appeal dated 09/21/11 noting there is no evidence of an ER-verified physical demands analysis; however, the patient is already functioning at a level that exceeds the reported return to work PDL. The patient's psychological values are mild. The presence of "pain complaints" is not adequate indication for a full work hardening program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
There is no specific physical demands analysis provided for review to compare the patient's current baseline abilities versus required physical demand level for return to work as required by the Official Disability Guidelines. The patient presents with mild psychological indicators as evidenced by the patient's Beck scales (BAI=12; BDI=9). The letter of appeal states that despite the absence of significant depression/anxiety, the patient would benefit from work hardening given his pain complaints. However, this is an insufficient indication for work hardening program. Based on this information, the reviewer finds that medical necessity does not exist at this time for 80 hours of work hardening.

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)