

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 11/02/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Reconsideration of Forte's NON-AUTHORIZATION of outpatient Work Hardening Program for five (5) times a week for two (2) weeks for eighty (80) hours as related to cervical sprain/strain.

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

Texas Board Certified Occupational Medicine

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Utilization review findings dated 10/07/2011 and 09/28/2011
2. Clinic notes dated 07/11/2011, 07/18/2011, 09/29/2011
3. Behavioral health evaluation dated 08/29/2011
4. MRI of the cervical spine dated 01/12/2009
5. Description of job duties dated 09/22/2011
6. Collaborative report for medical necessity of work hardening program dated 09/20/2011 and functional capacity evaluation dated 09/19/2011
7. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

This is a female with a date of injury of xx/xx/xx. On 01/12/2009, patient had MRI of the cervical spine. This showed central disc herniation at C5-6 with loss of normal lordosis. This exam was read by MD. On 07/11/2011, patient was seen in clinic. At that time, she had complaints of neck and head pain. This was rated at 4/10. She reports an injury on 11/18/2008 when she was working at her normal duties, when she stood up quickly in a van and hit her head on a gate in the van. She immediately had pain and was dizzy. On

exam, deep tendon reflexes of the upper extremities were 2+/5 bilaterally with some diminishing on the right. Motor exam demonstrated 5+ strength in the bilateral upper extremities. Sensory dermatomal testing was normal at all levels. Soft tissue palpation of the cervical regions elicited some pain to palpation bilaterally. Active range of motion in the cervical spine was restricted in all end ranges and caused pain at the end ranges. Overall impression was cervicgia and cephalgia. On 08/15/2011, patient was seen in follow up clinic. At that time, pain was still rated at 6/10 to 8/10. She complains of neck pain and headaches. Reflexes were 1+ on the right and 1+ on the left. Sensory exam was 80% on the right and 80% on the left. Motor exam revealed 3/5 strength in the biceps, triceps, wrist, flexion and extensors on the right and 3/5 in the left biceps, triceps and wrist flexors and extensors. Plan was to continue active/passive modalities 3 times a week and recommend physical therapy for 4 weeks and to continue with Norco 10/325, Zanaflex 4 mg, Ambien 5 mg and Naprosyn 500 mg. On 08/29/2011, patient underwent behavioral health evaluation. Beck depression inventory score was 0 indicating no appreciable level of depression. Beck anxiety score was 1 indicating no appreciable level of anxiety. Fear avoidance beliefs questionnaire scored 9/42 indicative of minimal level of perceived fear of workplace related physical activities resulting in increased pain. Plan at that time was for a work hardening program.

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

The initial evaluation for review for work hardening indicates that authorization for work hardening did not meet major criteria #9 as there did not appear to be a job to return to and there was no return to work program. The reconsideration dated 10/07/2011 indicates reason for denial is that there was no record of a previous treatment or improvement. Therefore the request for work hardening is not indicated.

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

REFERENCES: Official Disability Guidelines, Neck Chapter.