

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: September 28, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning x 10 sessions for the lumbar

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

MD, BOARD CERTIFIED IN PHYSICAL MEDICINE AND REHABILITATION

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who was injured on xx/xx/xx. Records indicate she was on a ladder. She lost her balance, got caught onto the door and swung back. She did not fall but when she swung back she injured her lower back. MRI of the lumbar spine dated 07/15/09 revealed a medium sized right posterolateral L3-4 disc extrusion which is close to the right L3 dorsal root ganglion and foramen right L4 nerve root in the lateral recess. Records indicate the injured employee had lumbar epidural steroid injections L4-5 in 07/2010 which provided persistent 50% relief. An intralaminar epidural steroid injection was performed on 09/07/10 and on follow up visit she noted improved sitting tolerance and decreased her medication to BID. A designated doctor evaluation performed on 04/19/11 determined the injured employee to have reached maximum medical improvement as of that date with 5% whole person impairment. A functional capacity evaluation was completed on 05/20/10 and a second functional capacity evaluation was performed on 07/19/11. The functional capacity evaluation/physical performance evaluation showed functional limitations.

A psychological evaluation was performed on 07/19/11 as well and reported Beck depression inventory of 17 and Beck anxiety inventory of 6. The patient was recommended to undergo a work-conditioning program.

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

The injured employee sustained an injury to the low back on xx/xx/xx. She was treated conservatively with medications, physical therapy and epidural steroid injections with temporary improvement. Functional capacity evaluation on 07/19/11 noted that she was capable of medium physical demand level. A psychological evaluation was performed on this same date, which revealed minimal findings. The requesting provider correctly noted on appeal request that there is no psychological component required for a work conditioning program versus work hardening program. However, it does not appear that the injured employee has a specific job to return to as she is noted to have resigned her position as of 05/11/11. As such the request for Work Conditioning x 10 sessions for the lumbar is not medically necessary as the ODG criteria for the program has not been fulfilled.

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)