I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/24/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work conditioning x 10 sessions

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
ODG, Work Conditioning
Request for IRO dated 10/04/11
Utilization review determination dated 09/26/11
Utilization review determination dated 09/30/11
Request for work conditioning dated 09/21/11
Therapy referral dated 07/19/11
DWC form 73 dated 09/07/11
MRI of the lumbar spine dated 06/30/11
EMG/NCV study dated 07/01/11
Clinical note Dr. dated 08/22/11
Psychiatric/behavioral health evaluation dated 09/08/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female injured on xx/xx/xx. She was injured while lifting a trash bag out of a large trashcan. As she lifted, she experienced sharp pain in her neck and her back that caused her to lose her breath. She was seen at Memorial Hospital for treatment that same day. She returned to work two days later, however, the pain continued. She sought care from DC. She received several levels of treatment including x-rays, MRI, physical therapy, chiropractic care, TENS unit, and medications. The record includes an MRI of the lumbar spine, which shows a 2 mm broad-based disc protrusion at L3-4, which partially flattens the ventral thecal sacs and contributes to mild left neural foraminal narrowing. At L4-5, there is a 2 mm disc herniation, which flattens the ventral thecal sac and contributes to mild left neural foraminal narrowing with no significant abnormalities at L5-S1. EMG/NCV study reveals evidence of a mild L4 radiculopathy on the left and right. Clinical note from Dr. states that the claimant has severe low back pain radiation to both lower extremities. She has difficulty walking on her heels and toes. Bilateral flexion produces severe excruciating pain. Straight leg raise is positive. She is taking medications Tramadol and Baclofen. The claimant's BDI-II is reported to be 37, rated as severe. BAI is 18 in the moderate range.

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

The claimant has evidence of a L4 radiculopathy. However, there are no medical records to support that she has exhausted conservative treatment to include the performance of lumbar epidural steroid injections. There is no data contained in clinical records suggesting that the claimant is not a surgical candidate. In the absence of documentation establishing the failure of all conservative management and noting that there is no information regarding the claimant's surgical status, the Official Disability Guidelines would not support the participation in work hardening program x 10 sessions. The reviewer finds no medical necessity for Work conditioning x 10 sessions.

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)