

SENT VIA EMAIL OR FAX ON  
Sep/26/2011

## Applied Assessments LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/23/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient work hardening program (WHP) for five (5) times a week for eighty (80) hours as related to the cervical, thoracic and lumbar spines.

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

Psychology

**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**

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 08/24/11, 09/06/11

Letter dated 09/12/11

Emergency physician record dated 06/05/11

Radiographic report dated 06/05/11

Office visit note dated 06/06/11, 07/01/11

Handwritten clinic notes dated 07/13/11, 07/14/11, 07/15/11, 07/18/11, 07/19/11, 07/21/11, 08/01/11, 08/02/11, 08/03/11

MRI cervical spine dated 08/03/11

Clinical interview dated 08/09/11

Functional capacity evaluation dated 08/16/11

Request for preauthorization dated 08/17/11

Job description

Request for reconsideration dated 08/26/11

Clinical note dated 08/30/11, 08/02/11, 07/19/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient reports that a client came after her when she was pushing a cart. She positioned the cart between

herself and the client, and the client attempted to continually push the cart into her pushing her back up against the wall and impaling the cart over and into her middle area. Note dated 06/06/11 indicates that the patient is one year post cervical laminectomy. Treatment to date includes 9 sessions of physical therapy and MRI of the cervical spine. Psychological evaluation dated 08/09/11 indicates that medications include Hydrocodone, Ibuprofen and Flexeril. BDI is 6 and BAI is 5. Diagnosis is pain disorder associated general medical condition secondary to work related injury. Functional capacity evaluation dated 08/16/11 indicates that current PDL is light and required PDL is medium-heavy.

Initial request for work hardening was non-certified on 08/24/11 noting that there is no data regarding the response to previously approved PT or evidence that she has reached a plateau with PT. There is no data regarding if other treatments are not indicated and no recent clinical re-examination. The denial was upheld on appeal dated 09/06/11 noting that it is evident from the reviewed medical records that the patient's psychosocial deficits are not at a level that would justify the extensive course of work hardening applications proposed.

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

Based on the clinical information provided, the request for outpatient work hardening program (WHP) for five (5) times a week for eighty (80) hours as related to the cervical, thoracic and lumbar spines is not recommended as medically necessary, and the two previous denials are upheld. The submitted records fail to establish that the patient has undergone an adequate course of physical therapy with improvement followed by plateau. The patient does not present with significant psychosocial factors to support an interdisciplinary program as evidenced by the patient's Beck scales (BDI=6 and BAI=5). Given the current clinical data, the requested work hardening is not indicated as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**