

Notice of Independent Review Decision

DATE OF REVIEW: 04/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional work hardening 5x Wk x 2Wks 80Hrs Lumbar 97545 97546x6

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

The TMF physician reviewer is board certified in family practice with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the additional work hardening 5x Wk x 2Wks 80Hrs Lumbar 97545 97546x6 is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 03/21/12
- Notification of Adverse Determination – 02/29/12
- Notification of Reconsideration Determination – 03/16/12
- Request for Reconsideration from Dr. – 03/05/12, 03/20/12
- Work Hardening Progress Report by Care Centers – 01/24/12 to 02/17/12
- Report of Work Hardening- Psychological Component – 03/13/12
- Report of Beck Depression Inventory – 01/24/12, 02/17/12
- Treatment Plan Review by Care Centers – 01/24/12 to 02/17/12
- Report of Behavioral Health Assessment from Functional Pain Center – 01/25/12
- Re-evaluation by Dr. – 02/24/12
- Report of Functional Capacity Evaluation - 01/10/11
- AMA Lumbar Spine Range of Motion Progress Report – 08/11/11, 12/16/11
- Report of office visits from Dr. to Dr. – 11/08/11
- Designated Doctor Exam by Dr. – 03/07/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when she was involved in a motor vehicle accident, resulting in injury to her lower back. She was diagnosed with lumbar disc herniation with radiculopathy. The patient was treated with medications, physical therapy, epidural steroid injections and participation in a work hardening program. There is a recommendation for additional participation in a work hardening program.

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

This patient, who is status post right micro-discectomy, has undergone work hardening with some improvement in her symptoms but continues to have decreased range of motion and pain. The work hardening was ordered in accordance with the ODG guidelines and one must keep into account that these are just that, guidelines and not rules. From time to time certain patient requirements will fall outside of these guidelines. The fact that this patient is improving and progressing towards being able to return to work would make this one of those cases in which the number of sessions should be extended beyond the standard ODG recommendations.

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

- ACOEM- AMERICAN 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)**