P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work hardening for the cervical and lumbar spine, 80 additional hours

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Chiropractic Examiner

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Utilization review determination dated 06/12/12, 07/02/12
Handwritten patient re-evaluation form dated 06/05/12, 05/08/12, 04/10/12, 03/13/12, 02/21/12
Reconsideration request dated 06/26/12
Review request dated 06/02/12, 03/16/12, 03/12/12
Preauthorization request dated 01/31/12
Behavioral evaluation report dated 01/26/12
Functional capacity evaluation dated 01/26/12
Updated consultation dated 03/05/12
New patient evaluation dated 12/16/11
Follow up note dated 12/15/11, 01/12/12
Progress summary dated 06/25/12, 05/30/12
MRI lumbar spine dated 11/04/11
PPE dated 05/24/12, 02/23/12
Job description for welder
Letter dated 07/10/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting heavy steel plates from floor to table to be welded when he experienced a pop followed by sharp shooting pain in his low back and up to his neck. Functional capacity evaluation dated 01/26/12 indicates that current PDL is light-medium and required PDL is heavy. Behavioral evaluation report dated 01/26/12 indicates that BDI is 26 and BAI is 32. Diagnoses are pain disorder associated with psychological factors and a general medical condition; and major

depression moderate. Treatment to date is noted to include medication management, diagnostic testing, physical therapy, TENS unit. PPE dated 02/23/12 indicates that current PDL is medium. Preauthorization request dated 03/12/12 indicates that the patient initiated a work hardening program, but was not able to continue because the facility was too far. PPE dated 05/24/12 indicates that current PDL is medium heavy. Progress summary dated 05/30/12 indicates that the patient has completed approved group therapy sessions through the work hardening program. BDI is 16 and BAI is 17. Progress summary dated 06/25/12 indicates that the patient has completed approved group therapy sessions through work hardening program as well as approved individual psychotherapy sessions. BDI is 7 and BAI is 3. Preauthorization request dated 06/02/12 indicates that the patient has decreased his use of Lortab, Flexeril, Ambien and Xanax.

Initial request for work hardening x 80 additional hours was non-certified on 06/12/12 noting that the patient had been previously improving spontaneously, both in PDL and psychological measures, even prior to commencing the work hardening program. Thus, further intensive intervention cannot be supported. The denial was upheld on appeal dated 07/02/12 noting that the documentation states that the patient has already returned to modified duty. The submitted documentation does not establish the presence of other barriers to recovery such as depression and/or anxiety. BDI is currently 7 and BAI is 3. The best way to get an injured worker back to work is with a modified duty RTW program rather than a work hardening/conditioning program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Based on the clinical information provided, the request for work hardening for the cervical and lumbar spine, 80 additional hours is not recommended as medically necessary, and the two previous denials are upheld. The submitted records indicate that the patient has returned to work at modified duty. Current evidence based guidelines note that the best way to get an injured worker back to work is with a modified duty return to work program rather than a work hardening/work conditioning program. The patient presents with Beck scales in the normal range, and therefore, the ongoing need for an intensive multidisciplinary program is not establish. Given the current clinical data, the requested work hardening program is not indicated as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES