

SENT VIA EMAIL OR FAX ON  
Jan/06/2012

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/06/2012

**IRO CASE #:**

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

Work Conditioning 3 X wk X 4 wks 8 hours a day

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

Board Certified Orthopedic Surgeon

**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 11/03/11, 11/16/11

MRI lumbar spine dated 01/06/09

Designated doctor evaluation dated 07/30/09

Lower extremity electrodiagnostic evaluation dated 08/06/09

Operative report dated 11/23/09

Office visit note dated 02/03/09, 04/26/10, 02/24/11, 08/25/11

Physical therapy initial evaluation dated 09/26/11, 03/11/11

Daily progress note dated 03/11/11, 03/16/11, 03/21/11, 03/23/11, 03/28/11, 03/30/11, 04/01/11, 09/26/11

Treatment encounter note dated 02/03/09, 02/10/09, 03/03/09, 03/05/09

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell backward

off of a truck landing on his back. He reports that he fell six feet. MRI of the lumbar spine dated 01/06/09 revealed minimal bilateral neural foraminal narrowing at L4-5 and L5-S1 perhaps greater on the right than the left. There is no significant canal narrowing in the lumbar spine. Designated doctor evaluation dated 07/30/09 indicates that the patient has undergone a brief course of physical medicine and medication management which he reports did not help reduce his symptoms. The patient reports that he has had an MRI as well as several spinal injections. Diagnoses include lumbar sprain/strain, lumbar radiculopathy and myofascitis. The patient was determined to have reached MMI with 0% whole person impairment. Electrodiagnostic evaluation dated 08/06/09 is reported as a normal study. The patient underwent lumbar epidural steroid injection on 11/23/09 which did not help. Office visit note dated 08/25/11 indicates that the patient has been diagnosed with chronic muscular sprain. The patient is noted to be severely overweight. The patient has undergone physical therapy but is no better and continues to have waist level low back pain radiating to the paraspinals and along posterior thighs on both sides. He weighs in excess of 400 lbs. Physical therapy initial evaluation dated 09/26/11 indicates that there is tenderness around the iliac crests bilaterally and at L3, L4, L5 and S1 vertebral levels. Range of motion of the lumbar spine is decreased by 50%. Muscle strength is 4/5 in the bilateral lower extremities. Sensation is intact. Straight leg raising is positive at 70 degrees on the right.

Initial request for work conditioning was non-certified on 11/03/11 noting that the number of hours requested exceeds guideline recommendations. The patient has attended multiple physical therapy sessions. The latest medicals did not include exceptional factors that would substantiate the requested work conditioning sessions. There is no evidence that remaining deficits cannot be addressed by a home exercise program. It is not documented that the patient has a job to return to and what the gap is between current and required physical demand level. The denial was upheld on appeal dated 11/16/11 noting that that the patient presents with chronic muscular sprain and the patient is severely overweight. The patient has had physical therapy but is no better. There is no clear documentation that the patient requires an additional series of intensive physical therapy visits required beyond a normal course of PT and no contraindications. The proposed number of days/hours exceeds the recommendations of the guidelines.

#### **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 work conditioning 3 x wk x 4 wks 8 hours a day is not recommended as medically necessary, and the two previous denials are upheld. Designated doctor evaluation dated 07/30/09 indicates that the patient underwent a course of physical therapy which did not help reduce symptoms. The patient was determined to have reached MMI with 0% whole person impairment. The patient has been diagnosed with a chronic muscular strain and is noted to be severely overweight. The patient has undergone extensive physical therapy without significant benefit. There is no current functional capacity evaluation submitted for review documenting current versus required physical demand level as well as baseline levels of functioning. The request is excessive as the Official Disability Guidelines support up to 10 visits or the equivalent of up to 30 hours of work conditioning. Given the current clinical data, the requested work conditioning is not indicated as medically necessary.

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES