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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/02/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Work hardening program 10 sessions (80 hours) of the lower back, as an outpatient

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

M.D., Board Certified Pain Medicine

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

Official Disability Guidelines
EMG/NCV 07/27/10
MRI lumbar without contrast dated 09/17/10
Radiographic report lumbar spine 4 views dated 09/21/10
Hand written progress notes dated 12/06/10, 12/30/10, 06/28/11, 07/08/11, 07/20/11, 08/25/11, 09/16/11, 09/27/11, 10/27/11, and 11/04/11
EMG report dated 12/16/10
Clinic notes dated 01/20/11, 05/02/11
Procedure note bilateral S1 epidural steroid injection dated 06/13/11
CPM orientation session dated 07/25/11
Letter from claimant dated 07/26/11
Job description dated 08/22/11
Behavioral health evaluation dated 11/04/11
Request for preauthorization for additional work hardening dated 11/21/11
Collaborative report for medical necessity of additional 10 sessions of work hardening program dated 11/21/11
Notice of denial of preauthorization dated 11/29/11
Peer review dated 11/30/11
Collaborative report for medical necessity of additional 10 sessions of work hardening program dated 12/06/11
Notice of reconsideration dated 12/14/11
Peer review dated 12/14/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was pulling on a valve and he had

an onset of mid and low back pain. MRI of the lumbar spine from 09/17/10 revealed a protruding disc at L5-S1 level. EMG/NCV dated 12/16/10 revealed findings most consistent with a neuropathy affecting the peroneal and tibial motor nerves, which are most likely results of the patient's history of diabetes. The patient underwent bilateral S1 epidural steroid injections on 06/13/11. Behavioral health evaluation dated 11/04/11 indicates that the patient reports he had left knee surgery on 05/03/11 and completed the last round of physical therapy on 08/01/11. BDI is 19 (previously 20) and BAI is 17 (previously 31). Diagnoses are pain disorder associated with both psychological factors and a general medical condition and depressive disorder. Request for preauthorization dated 11/21/11 indicates that the patient has completed 10 sessions of work hardening to date. Functional capacity evaluation reportedly revealed that required PDL is heavy and current PDL is frequent sedentary to occasional light. Original VAS was 8/10 and current VAS is 8/10, best 7/10.

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

The patient has completed 10 sessions of work hardening to date. The submitted records do not establish that the patient has made significant progress in the program to support additional sessions. The patient's physical demand level remains sedentary/light. The patient's reported VAS score is unchanged. BDI only improved from 20 to 19. The ODG supports up to 20 sessions of work hardening program with evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Because there has been a lack of significant progress in the program to date, the reviewer finds the request for Additional Work hardening program 10 sessions (80 hours) of the lower back, as an outpatient is not 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 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)