

I-Resolutions Inc.

An Independent Review Organization
8836 Colberg Dr.
Austin, TX 78749
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning x 30 hours lumbar

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 and Treatment Guidelines

Utilization review determinations, 11/04/11, 10/22/11

Work conditioning preauthorization request, 10/17/11

Reconsideration request, 10/31/11

Patient report of work duties, 09/13/11

Functional capacity evaluation, 08/22/11

Follow up note, 09/01/11

Initial behavioral medicine consultation, 07/12/11

Assessment/evaluation, 09/13/11

Peer review report, 10/21/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was repetitively pulling cardboard onto a machine, which over time caused extreme pain to his low back. A behavioral medicine consultation on 07/12/11 states that treatment to date has included MRI, x-rays, and medication management. Medications are listed as Hydrocodone and Cyclobenzaprine. BDI is 11 and BAI is 16. Diagnosis is pain disorder associated with psychological factors and a general medical condition, chronic. Assessment/evaluation dated 09/13/11 indicates that BDI is 9 and BAI is 12. Medications are listed as Meloxicam and Norco. Functional capacity evaluation dated 08/22/11 says that required PDL is medium and current PDL is light. Work conditioning program preauthorization request dated 10/17/11 states that the patient has completed 12 sessions of physical therapy. In a utilization review letter dated 11/04/11 it states that this patient has previously tried and failed a work-conditioning program. One of the cardinal criteria for admission to a work hardening or work-conditioning program is that, upon completion of the program, no further repetition or reprisal of the previously failed program is requested.

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

The submitted records indicate that the patient has undergone a previous work-conditioning program. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. No reason has been given as to why this guideline should not be followed in this particular individual's case. Therefore, the reviewer finds the requested Work Conditioning x 30 hours lumbar 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 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)