

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of Work Hardening

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

M.D., Board Certified Anesthesiology and Pain Management

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

ODG-Criteria for admission to a Work Hardening (WH) Program
Utilization review determination dated 11/15/11, 11/01/11
Required medical examination dated 08/09/11
Work hardening program preauthorization request dated 10/24/11
Reconsideration request dated 11/07/11
Patient report of work duties dated 10/18/11
Functional capacity evaluation dated 10/07/11
History and physical for work hardening program dated 10/12/11
Work hardening plan and goals of treatment dated 10/18/11
Initial behavioral medicine consultation dated 04/13/11
Assessment for work hardening program dated 10/13/11
Peer review report dated 11/13/11, 10/29/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who slipped and fell on a wet floor. He has had CT scan, medication management, activity modification, physical therapy x 13, lumbar MRI, and EMG/NCV. BDI is 23 and BAI is 29. Diagnosis is major depressive disorder, single episode, moderate, rule out pain disorder associated with both psychological factors and general medical condition. Required medical examination dated 08/09/11 indicates that diagnosis is lumbar sprain/strain with pre-existing lumbar degenerative disc disease. The patient recently underwent epidural steroid injection with suboptimal response, which does not appear to be based on findings of true lumbar radiculopathy. The RME doctor notes that no further evidence-based treatment appears indicated, and his current symptom complex appears to be more related to pre-existing age-related degenerative changes than the lumbar sprain/strain sustained while at work on 06/08/10. Functional capacity evaluation dated 10/07/11 indicates that required PDL is heavy and current PDL is sedentary. Assessment for work hardening dated 10/13/11 indicates that BDI is 29 and BAI is 21. Medications include Norco, Naproxen and Flexeril.

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

The patient sustained a lumbar sprain/strain secondary to a slip and fall on a wet floor. Required medical examination dated 08/09/11 reports that no further evidence-based treatment appears indicated, and his current symptom complex appears to be more related to pre-existing age-related degenerative changes than the lumbar sprain/strain sustained while at work on 06/08/10. There is no specific, defined return to work goal provided as required by the Official Disability Guidelines. The reviewer finds the requested eighty hours of Work Hardening 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)