

SENT VIA EMAIL OR FAX ON
Jun/25/2012

Pure Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program 80 hours over 30 days lumbar spine

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

Family Practice

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)

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
Utilization review determination/pre-authorization review 05/18/12
Utilization review determination/pre-authorization review 05/29/12
Designated doctor evaluation and impairment rating 03/23/12
MRI lumbar spine 10/13/11
Electrodiagnostic results 10/26/11
Patient report of work duties 04/25/12
Initial behavioral medicine consultation 04/25/12
Multidisciplinary work hardening plan and goals of treatment 04/25/12
History and physical 05/09/12
Functional capacity evaluation 05/11/12
Pre-authorization request work hardening program 05/16/12
Reconsideration request work hardening program 05/23/12

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a male whose date of injury is xx/xx/xx when he slipped on ice and fell landing on his right side. The records indicate he had mild shoulder and low back pain. He did not seek medical attention until two months later. An MRI of the lumbar spine on 10/13/11 revealed L4-5 3-4mm broad based posterocentral to left paracentral disc protrusion/herniation that mildly indents the thecal sac, with up to 4-5mm of inferior substance extrusion associated. At L5-S1 there is a 3-4mm posterior marginal osteophytic ridging that minimally indents the thecal sac. Electrodiagnostic testing on 10/26/11 was a normal study with no evidence of lumbar radiculopathy. The claimant is noted to have undergone extensive physical therapy. The records indicate the claimant underwent one lumbar epidural steroid injection with no significant pain relief. A designated doctor evaluation on 03/23/12 determined the claimant to have reached maximum medical improvement as of 04/01/11 with 0% whole person impairment. The claimant subsequently was referred for behavioral medicine consultation to determine suitability for a comprehensive multidisciplinary return to work program. The claimant was noted to have scored 31 BDI2 indicating severe depression. BAI score was 11 reflecting mild anxiety. Fear avoidance belief questionnaire revealed significant fear avoidance of physical activity in general as well as significant fear avoidance of work. A functional capacity evaluation on 05/11/12 determined that the claimant was unable to perform his regular job duties. Functional capacity evaluation reported the claimant at sedentary light physical demand level and job requires heavy physical demand level. The claimant was recommended to participate in a work hardening program.

A request for work hardening was reviewed on 05/18/12 and a request for 80 hours of work hardening program over 30 days for the lumbar spine was non-certified as medically necessary. It was noted that the claimant reportedly attended physical therapy recently but there was no documentation as to response to treatment. No specific impairments have been described. He has some psychological issues that may be impacting his recovery. Medical files submitted in support of this request have not clearly demonstrated the medical necessity of a work hardening program or why it would occur over an extensive period of time and clarification could not be obtained from the attending provider. As such the request for work hardening program 80 hours over 30 days for the lumbar spine was determined as not medically necessary.

A reconsideration/appeal request for work hardening program 80 hours over 30 days for the lumbar spine was reviewed on 05/29/12, and the original non-certification determination was upheld. The reviewer noted that the claimant that per the note from 05/11/12 the claimant was unemployed at the time of the evaluation. Medical records submitted did not provide documentation regarding the specific defined return to work goal or job plan that has been established, communicated or documented. It was further noted that the notes of all previous physical therapy visits were not specified in the records provided. The designated doctor had stated the claimant's physical examination was essentially benign, he has had extensive treatment and ongoing treatment is not appropriate. The claimant was determined to have reached maximum medical improvement and was given a 0% impairment rating. Based on the clinical information submitted for review and using evidence based peer review guidelines referenced below it is deemed that medical necessity of work hardening is not established in this claimant.

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

Based on the clinical data provided, medical necessity is not established for work hardening program 80 hours over 30 days for the lumbar spine. The claimant reportedly was injured when he slipped and fell on ice landing on his right side. The records reflect that the claimant had mild right shoulder and low back pain but did not seek medical attention until two months after the date of injury. He was treated with physical therapy and one epidural steroid injection without significant improvement. The claimant was determined to have reached maximum medical improvement per designated doctor evaluation performed 03/23/12. The designated doctor noted that the claimant's symptoms are mild and there is no clinical or

electrodiagnostic evidence of a lumbosacral radiculopathy. The claimant was placed at maximum medical improvement as of 04/01/11 with 0% whole person impairment. The designated doctor also noted that the claimant could return to work on a light duty basis and transition to full duty status. As noted on previous reviews, the records from previous physical therapy sessions were not submitted for review. Functional capacity evaluation reported that the claimant was at a sedentary/light physical demand level and his job requires a heavy physical demand level; however, records indicate that the claimant had been terminated from his previous employment and currently was unemployed at the time of evaluation. There is no documentation of a specific defined return to work goal or job plan. Also the protracted period of time of 30 days to complete 80 hours of work hardening program is not recommended as ODG requires this program to be performed over a 2 week period. This program is designed to be an intense multidisciplinary program to prepare patients for return to work. Spreading treatment over this period of time is not conducive to the types of gains that should be expected from a work hardening program. Based on the clinical data provided, the previous denials were correctly determined and should be upheld on IRO.

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)