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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening x 80hrs to be completed in 10 days

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 & Treatment Guidelines

03/29/12, 04/18/12

Reconsideration request 04/11/12

Initial behavioral medicine consultation 02/09/12

Work hardening history and physical examination 03/06/12

PPE 03/15/12

Work hardening plan and goals of treatment 03/26/12

Patient report of work duties 03/26/12

Evaluation for work hardening program 03/26/12

Work hardening program preauthorization request 03/27/12

PATIENT CLINICAL HISTORY SUMMARY

This patient is a male whose date of injury is xx/xx/xx. He was working on a machine and while pulling on a piece of equipment, it broke and he fell backwards hitting his back, neck and head against the ground. Initial behavioral medicine consultation dated 02/09/12 indicates that treatment to date includes x-rays, medication management, MRI, and physical therapy. Medications are listed as Motrin and Flexeril. BDI is 15 and BAI is 9. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, acute; rule out mood disorder secondary to head trauma. PPE dated 03/15/12 indicates that required PDL is very heavy and current PDL is light. Evaluation dated 03/27/12 indicates that current BDI is 12. On 03/29/12 a request for work hardening was denied. The rationale for the denial was that the patient's mental health evaluation finds impression of pain disorder, acute. It is unclear whether this is an acute pain problem since the matter is not addressed in the report. The evaluation is not adequate as a screening for a work hardening program. The utilized psychometric instruments are not valid for this presentation if the patient is chronic; if acute, there would be no need for work hardening; and there is no assessment of

pain behavior, well known to be a negative prognostic factor for this type of treatment. There has also been no formal cognitive screening in this case, the significant head injury notwithstanding or that the patient presents as seemingly intact on brief clinical exam. The claimant is not employed, does not have a job to return to and merely wants to receive education in criminal justice. Education is not a specific return to work goal; there is no specific job identified in that field, and education does not require work hardening. The reconsideration request of 04/11/12 indicates that the patient would like to be a prison guard/correction officer, and the PDL for this job is medium. The request was denied for a second time on 04/18/12. The rationale for the denial was that lesser levels of care had not been exhausted, there wasn't an adequate attempt at treatment in the form of supervised physical therapy services, and it did not appear that there is a definitive return to work plan established.

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

There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted records fail to establish that the patient has undergone an adequate trial of physical therapy with improvement followed by plateau. There are no serial physical therapy progress notes submitted for review. The patient is not currently working and does not have a job to return to at this time. The patient reportedly presents with a head injury; however, there is no formal cognitive screening submitted for review. Given the current clinical data, the reviewer finds the requested Work Hardening x 80hrs to be completed in 10 days 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)