

Clear Resolutions Inc.

An Independent Review Organization

6800 W. Gate Blvd., #132-323

Austin, TX 78745

Phone: (512) 879-6370

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: June 2, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

work conditioning four hours a day for four weeks for 80 hours for the lumbar spine

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

M.D., Board Certified Orthopedic spine surgeon, practicing neurosurgeon

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

Request for IRO dated 05/11/12

Utilization review determination dated 03/30/12

Utilization review determination dated 05/09/12

Clinical records Dr. 09/29/11-05/07/12

MRI lumbar spine dated 09/01/11

DWC form 69 dated 01/13/12

Letter of response dated 04/03/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a 1 male who is reported to have sustained a work related injury to his low back while carrying a heavy basket of shrimp. Records indicate the claimant came under the care of Dr.. MRI lumbar spine dated xx/xx/xx notes 2 mm disc bulge at L4-5 and right paracentral disc herniation effacing the right S1 nerve root at L5-S1. The claimant has complaints of pain occasionally radiating into the left thigh. He reports difficulty with physical activity. He is reported to have reduced sensation in L4, L5 and S1 dermatomes on left. He was recommended to undergo epidural steroid injections, which were performed on 11/07/11. He is reported to have had significant benefit and was subsequently recommended to undergo repeat injection which was performed on 12/12/11. When seen in follow-up on 12/29/11 he is reported to have had benefit. He was able to do activities easily, even though he has not returned to work. His pain level is 2/10. He appears to have been recommended for 3rd injection. On 01/13/12 the claimant was seen by Dr. a designated doctor. She placed the claimant at clinical maximum medical improvement at 12/12/11 with a 0% impairment. On 01/17/12 the claimant was seen in follow-up by Dr. who recommended participation in a work hardening conditioning program. The record contains a letter of response from, PT dated 04/03/12 in which Mr. reports that the claimant demonstrated poor body mechanics

throughout the functional capacity evaluation and would benefit from proper bending and lifting training. It is noted that besides meeting his physical demand level he complained of pain with each task performed. The initial review was performed on 03/30/12 by Dr. who denied the request noting that the claimant has previously attended physical therapy but no physical therapy reports were submitted. He reports receiving a functional capacity evaluation, which indicates the claimant can perform the heavy physical demand level which is required for his job. It is noted that he is reported to have some pain associated with heavy lifting and had poor body mechanics. Dr. opines that these can be achieved through physical therapy and work conditioning does not seem necessary. Further, it is unknown if his previous employment is available upon completion of this type of program. The appeal request was reviewed by Dr. on 05/09/12 who non-certified the request noting that the claimant had a good response with physical therapy and was able to perform at a heavy physical demand level as required by his job. He further notes that there is no documentation of an unsuccessful attempt to return to work and there was no recent clinical records documenting the claimant's current symptoms. As such, he upholds the previous denial and non-certified the request.

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

The available data indicates that the claimant has undergone a functional capacity evaluation and was found to be capable of performing work at a heavy physical demand level. He meets the requirements for his job. It is the opinion of the reviewer that medical necessity is not established for the requested work conditioning four hours a day for four weeks for 80 hours for the lumbar spine.

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)