

SENT VIA EMAIL OR FAX ON
Mar/21/2012

Pure Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program X 80 hours Unit Trial

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

PM&R and 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

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 02/17/12, 01/19/12

Work hardening program preauthorization request dated 01/13/12

Reconsideration dated 01/25/12

Specialist referral slip dated 12/21/11

Patient report of work duties

Functional capacity evaluation dated 11/17/11

Work hardening plan and goals of treatment dated 01/11/12

Initial behavioral medicine consultation dated 01/06/12

Assessment/evaluation for work hardening program dated 01/11/12

Follow up note dated 12/21/11

MRI lumbar spine dated 09/13/11

Physical therapy daily note dated 10/28/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was hit head on by a pickup truck driver that fell asleep. Functional capacity evaluation dated 11/17/11 indicates that current PDL is light and current PDL is heavy. Initial behavioral medicine consultation dated 01/06/12 notes that treatment to date includes diagnostic testing and 3 months of physical therapy. Current medications are Ibuprofen, Tylenol and Methocarbamol. The patient complains of low back pain rated as 4/10. BDI is 18 and BAI is 19. Diagnosis is

pain disorder associated with both psychological factors and a general medical condition.

Initial request for work hardening program x 80 hours was non-certified on 01/19/12 noting that there is no documentation of a comprehensive physical examination by the provider. Additionally, there is no clear documentation that the patient is not a candidate where surgery or other treatments would clearly be warranted to improve function, a defined return to work goal, and a specific job to return to with job demands that exceed abilities. Reconsideration dated 01/25/12 notes that the patient was recommended for trigger point injections, but the patient refused to have these injections done, so he was recommended for work hardening program. He has a job to return to by 02/04/12. He is eligible for re-hire. The denial was upheld on appeal dated 02/17/12 noting that there is still no recent physician assessment including a comprehensive physical and neurological examination to address the necessity of the requested service. The latest medical report dated 12/21/11 did not include recent subjective and objective clinical findings in this patient.

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

Based on the clinical information provided, the request for work hardening program x 80 hours unit trial is not recommended as medically necessary, and the two previous denials are upheld. As noted by the previous reviewers, there is still no recent physician assessment including a comprehensive physical and neurological examination to address the necessity of the requested service. The submitted records fail to establish that the patient has undergone an adequate course of physical therapy with improvement followed by plateau. There are no serial physical therapy progress notes submitted for review. Given the current clinical data, the requested work hardening program is not indicated as medically necessary at this time.

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)