

SENT VIA EMAIL OR FAX ON
Mar/19/2012

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening X 80 hours

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 02/09/12, 02/27/12

Patient report of work duties dated 02/07/12

PPE dated 01/25/12

History and physical dated 01/25/12

Work hardening plan and goals of treatment dated 01/31/12

Initial behavioral medicine consultation dated 01/31/12

Reconsideration dated 02/24/12

Preauthorization request dated 02/08/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped and fell on her buttocks injuring her low back, buttocks, left leg and left knee. Treatment to date includes diagnostic testing, surgical intervention to the knee on 11/08/11. History and physical dated 02/25/12 indicates that the patient's left knee is doing better, but she continues to have low back pain at night in bed. PPE dated 01/25/12 indicates that required PDL is medium and current PDL is light. Initial behavioral medicine consultation dated 01/31/12 indicates that the patient is not currently taking any medications. BDI is 9 and BAI is 5. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, acute.

Initial request for work hardening x 80 hours was non-certified on 02/09/12 noting that BDI and BAI showed only minimal elevation in her scores. Work hardening requires a psychological component. She is not on any medications for depression or anxiety. Reconsideration dated 02/24/12 indicates that she is having trouble coping with her injury and reports some symptoms associated with depression and anxiety, but her symptoms do not render a psychological diagnosis or mediation. The denial was upheld on appeal dated 02/27/12 noting that the patient has a left knee injury with no injury to the right knee, but has similar deficits listed in testing which is inconsistent with the work injury. On the Oswestry questionnaire she reported A, which states that pain does not prevent her from walking any distance but on the Dallas Pain questionnaire she reported that she cannot walk. There are significant inconsistencies in the records and there is a lack of need for psychological support sufficient to warrant a work hardening program.

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 x 80 hours is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted records indicate that the patient has undergone diagnostic testing and surgical intervention; however, there is no operative report submitted for review and no imaging studies were provided. There is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review to establish that the patient has undergone an adequate course of physical therapy with improvement followed by plateau. The patient presents with Beck scales in the minimal range, and it does not appear that she presents with significant psychological indicators to warrant an interdisciplinary return to work program. The inconsistencies noted in the previous review were not addressed.

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)