

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening 5 x wk/2 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for a work hardening program 5 x a week x/2 weeks is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Individual psychotherapy note dated 07/26/13

Individual psychotherapy note dated 08/02/13

Individual psychotherapy note dated 08/09/13

Individual psychotherapy note dated 08/28/13

Individual psychotherapy note dated 09/06/13

Individual psychotherapy note dated 09/19/13

Clinical note dated 05/28/13

MRI of the lumbar spine dated 06/06/13

Evaluation summary report dated 06/29/13

Medical peer review dated 07/03/13

Electrodiagnostic studies dated 07/15/13

Work hardening assessment dated 07/15/13

Clinical note dated 08/01/13

Clinical note dated 08/19/13

Clinical note dated 08/30/13

Functional capacity evaluation dated 09/05/13

Clinical note dated 09/11/13

Clinical note dated 10/04/13

Clinical note dated 10/11/13

Adverse determinations dated 09/27/13 & 10/08/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported an injury regarding her low back on xx/xx/xx. The patient immediately presented to the emergency room where x-rays of the lumbar spine were completed. The clinical note dated 05/28/13

indicates the patient complaining of a sharp throbbing pain in the low back with radiating pain into the left groin and right lower extremity. The patient rated the pain as 9/10. Sitting, standing, lifting, bending, and stooping all exacerbated the patient's pain. Strength deficits were noted at the right lower extremity which were rated as 4+/5. The patient was noted to ambulate with a slow gait. The patient was recommended for physical therapy at that time. The MRI of the lumbar spine dated 06/06/13 revealed a 1mm posterior protrusion at L2-3. A 3mm posterior herniation was noted to the right of the midline at L5-S1 with no involvement of the thecal sac. The electrodiagnostic studies completed on 07/15/13 revealed findings consistent with a right L5 lumbar radiculopathy that was noted to be mild in nature.

The work hardening psychosocial history dated 07/15/13 indicates the patient able to perform at a sedentary light physical demand level where as her occupation requires a medium physical demand level. The clinical note dated 08/01/13 indicates the patient utilizing Vicodin, Mobic, and Baclofen for ongoing pain relief. The patient rated the pain as 7-8/10. Strength deficits continued in the right lower extremity. Tenderness and spasms were noted in the lumbar paraspinal region. The clinical note dated 08/19/13 indicates the patient not being recommended for work hardening at that time as the patient's BDI and BAI scores were noted to be significantly high. The patient was recommended for individual psychotherapy at that time. The clinical note dated 08/30/13 indicates the patient continuing with low back pain. Tenderness was noted upon palpation. The patient was able to demonstrate 30 degrees of lumbar flexion, 15 degrees of extension, and 25 degrees of bilateral lateral flexion. Positive straight leg raises were noted at 60 degrees bilaterally. The functional capacity evaluation dated 09/05/13 indicates the patient able to perform at a sedentary light physical demand level. The patient's occupation required a medium physical demand level. The psychotherapy note dated 09/19/13 indicates the patient having completed 5 psychotherapy sessions to date. The patient's BDI was noted to be at 38 indicating severe depression and the BAI was noted to be at 25 indicating moderate anxiety. The patient was noted to have shown significant improvement with her psychological status in that her BDI was noted to be 18 and BAI was noted to be 14 following the course of treatment. The clinical note dated 10/04/13 indicates the patient being recommended for a work hardening program at that time.

The utilization review dated 09/27/13 resulted in a denial for a work hardening program for a total of 10 sessions as no job description was provided from the patient's employer; the functional capacity evaluation was not made available.

The utilization review dated 10/08/13 resulted in a denial for inclusion into a work hardening program as no evidence was submitted confirming the patient's plateau from previously rendered physical therapy and the patient was noted to be more than capable of a gradual return to full work duty status.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review elaborates the patient complaining of low back pain. Inclusion into a work hardening program would be indicated provided the patient meets specific criteria to include the patient noted to have significant functional deficits precluding the ability to work. The patient is noted to have returned to work with light duty restrictions. Additionally, it appears that the patient was able to return to work with a slow reduction of restrictions. No information was submitted regarding the patient's plateau regarding previously rendered physical therapy. Given that no information was submitted confirming a plateau resulting from previous physical therapy and taking into account the patient's returning to work with light restrictions, this request is not indicated. As such, it is the opinion of this reviewer that the request for a work hardening program 5 x a week x/2 weeks is not recommended as 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)