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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/10/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of work hardening for the lumbar spine

A 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes 03/06/12-03/11/13

MRI cervical spine 12/13/12

Functional capacity evaluation 01/31/13

Therapy notes 01/03/13-02/08/13

Previous utilization reviews 03/14/13 and 03/27/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her low back. Behavioral medicine consultation dated xx/xx/xx detailed the patient complaining of low back, mid back, neck, and right hip pain. The patient stated that the initial injury occurred when she bent down to swipe a key card and experienced an acute neck pain radiating into her back and right side all the way down to her legs. The patient underwent a battery of psychological evaluations where she scored a 16 on her BDI-2 and a 10 on the BAI. This reflected mild depression and anxiety. The patient also scored a 30 on her FABQ-W and a 24 on FABQ-PA and the

functional capacity evaluation dated 01/31/13 detailed the patient complaining of low back pain. The patient described the pain as a throbbing and aching sensation. The patient also completed 12 physical therapy sessions to date. The patient reported chronic cervical, thoracic, and lumbar region pain at that time. The patient performed at a medium physical demand level whereas her occupation required a very heavy physical demand level. The clinical note dated 02/08/13 details the patient continuing with low back pain which she rated as 5/10. Per clinical note dated 02/23/13, the patient presented for a follow-up regarding her back pain. The patient was noted to be quite stiff with worsening pain, particularly in the mornings. Upon exam, the patient demonstrated 45 degrees of lumbar flexion, 10 degrees of extension, and 10 degrees of bilateral lateral flexion. The clinical note dated 03/11/13 details the patient having a modest improvement with previous physical therapy. The therapy notes dated 02/08/13 detail the patient having completed a total of 18 physical therapy sessions to date.

The previous utilization review dated 03/14/13 resulted in a denial as a valid functional capacity evaluation had not been provided. Additionally, no information was submitted regarding the patient's documented functional response to the previous physical therapy.

The previous utilization review dated 03/27/13 also resulted in a denial secondary to a lack of significant psychosocial barriers.

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 performing at a medium physical demand level per the functional capacity evaluation. The Official Disability Guidelines recommend 80 hours of a work hardening program provided the patient meets specific criteria to include the need for a multi-disciplinary approach to restore full functional status. The patient is noted to have mild findings involving depression and anxiety as evidenced by the BDI-2 and BAI results. Given the lack of significant clinical findings indicating the need for a psychological approach regarding the patient's complaints of ongoing pain in the low back, this request does not meet guideline recommendations. As such, it is this reviewer's opinion that the request for 80 hours of a work hardening program for the lumbar spine is not medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES