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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/17/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening program at 80 hours

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 02/11/13 and 02/26/13
Physical performance evaluation dated 02/15/13
Initial behavioral medicine assessment dated 02/26/13
Work hardening request dated 03/01/13 and 03/14/13
Previous utilization reviews dated 03/06/13 and 03/26/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his left hip. The clinical note dated xx/xx/xx details the patient complaining of lumbar region pain along with left hip pain. Upon exam, moderate hypertonicity was noted throughout the lumbar paraspinal musculature bilaterally. Severe pain and discomfort were noted at L1-5 bilaterally. Moderate signs of swelling were noted throughout the lumbar region. Mild swelling was also noted at the left hip. Moderate tenderness to palpation was noted at the left hip. The physical performance evaluation dated 02/15/13 details the patient demonstrating a medium physical demand level. The clinical note dated 02/26/13 details the patient stating that the initial injury occurred when he was helping a coworker lift a heavy object down a stairwell on a dolly. The patient was on the down side of the object and when he tried to control the dolly, he was knocked to the side and fell down several stairs. The patient subsequently was diagnosed with a L2 and L3 fracture and a hematoma at the left hip. The initial behavioral medicine assessment dated 02/26/13 indicated that the patient underwent a battery of psychological tests. The patient scored a 38 on his FABQ-W, a 24 on his FABQ-PA, a 23 on his BDI-II, and 9 on his BAI. The patient's scores indicated moderate depression and mild anxiety. Per clinical note dated 03/01/13, the patient had completed 10 physical therapy sessions to date. The patient was noted to have shown modest improvements with physical therapy modalities. Per clinical note dated 03/14/13, the patient had returned to work with light duty restrictions. The patient stated that it was difficult for him

to sit or stand for long periods of time. The patient was recommended for a work hardening program at that time.

The previous utilization review dated 03/06/13 resulted in a denial secondary to the patient having elected to return to work at a different job.

The previous utilization review dated 03/18/13 also resulted in a denial secondary to a lack of information regarding the patient addressing the depressive symptomology noted on behavioral exams. Additionally, no information was submitted regarding the patient's pain medication use.

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 and hip pain. The Official Disability Guidelines recommend inclusion into a work hardening program for 80 hours provided the patient meets specific criteria to include completion of all conservative treatments. The documentation details the patient having completed 10 physical therapy sessions to date. However, no information was submitted regarding the patient's medications to address pain. Additionally, it is unclear if the patient underwent any treatment regarding his depression symptoms. As no information was submitted regarding the patient's completion of all conservative measures to include medications, this request does not meet guideline recommendations. As such, it is the opinion of this reviewer that the request for 80 hours of a work hardening program is not recommended as 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:

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)