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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Work Conditioning x 80 hours/units (Lumbar)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified 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 the reviewer that the requested Work Conditioning x 80 hours/units (Lumbar) is not medically necessary and the prior denials are upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
History and physical dated 10/17/12
Initial behavioral medicine assessment dated 10/17/12
Functional capacity evaluation dated 10/17/12
Clinical note dated 10/31/12
Pre-authorization request dated 11/13/12
Appeal letter dated 11/30/12
Prior reviews dated 11/16/12 and 12/05/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx while pushing a heavy object. The patient felt immediate low back pain radiating to the right lower extremity with associated numbness and tingling. The history and physical report completed on 10/17/12 indicated that the patient did undergo prior injections and prior surgeries in 2001 and 2006. Medications at this evaluation included Ultram 50mg. Physical examination revealed tenderness to palpation in the midline lumbar region. The patient had mild reduction in lumbar flexion to 80 degrees. Extension was reduced by an undetermined amount. Reflexes in the lower extremities were intact and there was reported decreased sensation in the right lower extremity. A behavioral assessment completed on 10/17/12 reported no evidence of depression on BDI scoring and mild anxiety on BAI testing. There appeared to be some validity problems with BAI assessment. The patient's FABQ scores were 25 for work and 16 for physical activity. The patient's functional capacity evaluation completed on 10/17/12 was very difficult to interpret due to poor copy quality. It cannot be determined from the report what functional demand level the patient was at or what physical

demand level the patient was required to have in order to return to work. opined on 10/31/12 that the patient would benefit from a work conditioning or work hardening program. Physical examination revealed pain with range of motion in the lumbar spine with positive straight leg raise reported on the right. Decreased sensation was reported in the right lower extremity. The work conditioning pre-authorization request on 11/13/12 indicated that the patient underwent 15-20 physical therapy sessions as well as 1 injection.

The request for work conditioning for 80 hours was not recommended as medically necessary by utilization review on 11/16/12 as there was evidence that the patient's current physical demand level of heavy met his return to work physical demand level. There was no evidence of job ability mismatch requiring a work conditioning program. Additionally, 80 hours of work conditioning was not supported by Official Disability Guidelines.

The request was again denied by utilization review on 12/05/12 as the patient's physical demand level met his required physical demand level for work. It was also unclear what compliance the patient had with the prescribed home exercise program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: First, 80 hours of work conditioning is not supported as medically necessary per ODG criteria. At most, ODG recommends up to 30 hours of work conditioning and there is no evidence of any significant functional limitations or other exceptional factors that would reasonably support work conditioning far outside of guideline recommendations. Additionally, the functional capacity evaluation provided for review was very difficult to interpret due to very poor copy quality; however, it does appear that the patient met his requirement for a heavy physical demand level. No specific job roles for the patient were submitted for review indicating that his current clinical status would not allow him to return to work and to function appropriately. Also, there is no documentation regarding the patient's prior physical therapy or evidence that the patient plateaued with physical therapy with remaining significant functional limitations. As the clinical documentation provided for review does not meet guideline recommendations for the request, it is the opinion of the reviewer that the requested Work Conditioning x 80 hours/units (Lumbar) 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:

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)