

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 01/16/13

IRO CASE #:

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Texas-licensed M.D., board certified in physical medicine and rehabilitation.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty (80) hours of work hardening.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.2	WHOWC		Prosp.	80					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 12/04/12 and 12/19/12, including criteria used in the denial.
3. H & P 11/19/12.
4. FCE 11/16/12.
5. Work hardening plan and goals of treatment 11/19/12.
6. Pre-authorization request 11/29/12.
7. Pre-authorization request 12/12/12.
8. Initial behavioral medicine assessment 11/19/12.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient female, was in the process of attempting to lift a box. As a result of the lifting, she noted the onset of lower back pain. She underwent treatment and was released to return to work. She did not undergo any surgery. Upon return to work, she underwent a Functional Capacity Evaluation and reported the onset of pain again. She was released from her employment at that point in time.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient was reviewed in light of the ODG criteria for work hardening subsequent to a lumbar sprain/strain. The patient was noted to have undergone appropriate treatment over a longer than expected time period for a lumbar sprain/strain. The patient's level of function, upon Functional Capacity Evaluation was noted to be at a medium work level. The patient had no specific job to return to. The work hardening program request did not have a specific plan for return to work, or what type of job she would be returning to. It was not anticipated that her return to work job would exceed her demonstrated functional level. The rationale is consistent with both the original denial of preauthorization as well as the reconsideration rationale.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase
 AHCPR-Agency for Healthcare Research & Quality Guidelines



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- DWC-Division of Workers' Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)