



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE: January 20, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of work hardening program

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

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

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)

Medical necessity per Official Disability Guidelines has not been established for the requested work hardening program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Denial information
2. Notes regarding peer conversation
3. Notes 10/25/12 -11/27/12
4. Behavioral evaluation, 10/25/12
5. FCE 11/20/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This female sustained an injury on xx/xx/xx when a headboard fell on her. There is persistent neck and low back pain. Twelve sessions of rehabilitation therapy have been completed. On 11/20/12 a Functional Capacity Evaluation revealed that she is capable of light duty; medium duty is required for her job.

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

The ODG criteria for the procedure have been elucidated by previous reviewers and. The area of concern is criterion eight which states that there may be behavioral issues that prohibit participation in the work hardening program. Behavioral evaluation submitted in the records is cursory but does not moderate depression and severe anxiety. It is unclear whether this was pre-existing. Previous reviewer's discussion reveals that MMPI was invalid due to over-reporting of symptoms. There is a likelihood that there may be psychopathology versus malingering that would preclude participation in the work hardening program. Medical justification has not been demonstrated that this issue has been resolved. It is not medically indicated to participate in a work hardening program.

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.
- 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-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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)