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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/14/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of work hardening, thoracic/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
Operative report dated 10/02/12
Functional capacity evaluation dated 10/26/12
Behavioral medicine assessment dated 10/30/12
Clinical note dated 11/13/12
Pre-authorization request for a work hardening program dated 11/14/12
Previous utilization reviews dated 11/19/12 and 12/11/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his low back. The operative report dated 10/02/12 details the patient undergoing a caudal epidural steroid injection. The functional capacity evaluation dated 10/26/12 details the patient complaining of thoracic and

lumbar region pain. The patient rated his pain at that time as 1/10. The functional capacity evaluation indicates that the patient's occupation is a furniture delivery helper which has a very heavy physical demand level. The patient was able to perform at a very heavy PDL throughout the evaluation. The behavioral medicine assessment dated 10/30/12 details the patient being endorsed for a work hardening program as no contraindications were noted. Per clinical note dated 11/13/12, the patient stated that the initial injury occurred when he was carrying a very heavy sofa. The patient stated that the sofa shifted and as he tried to stop it from hitting the ground, he injured his back. The patient was noted to have undergone conservative care including an epidural steroid injection which did reportedly provide significant benefit. The patient was noted to be motivated to return to the workforce. The pre-authorization request dated 11/14/12 details the patient requiring a very heavy physical demand level in order to complete his job properly. Per the note, the patient demonstrated modest improvement with outpatient physical therapy. The patient was noted to have completed 12 sessions of physical therapy to date.

The previous utilization review dated 11/19/12 resulted in a denial for a work hardening program secondary to the patient being extremely close to return-to-work requirements as revealed by the functional capacity evaluation. Additionally, the patient was noted to have no significant evidence of a job to return to at that time.

The previous utilization review dated 12/10/12 resulted in a denial for a work hardening program secondary to a lack of information regarding the patient's job. The patient is noted to be very close to his required physical demand level.

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

The request for 80 hours of work hardening for the thoracic and lumbar spine is non-certified. The documentation submitted for review elaborates the patient having minimal pain complaints in the thoracic and lumbar region. The Official Disability Guidelines recommend a work hardening program provided the patient meets specific criteria to include a significant difference in the patient's current physical demand level and the patient's required occupational physical demand level as well as a noted job to return to. There is a lack of information regarding the patient's job to return to following the completion of a work hardening program. According to the functional capacity evaluation, the patient is able to perform at a very heavy physical demand level which is what his occupation requires. Given the lack of information regarding the patient's current job status and taking into account the patient's physical demand level requirements and capabilities, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES