

Notice of Independent Review Decision

**DATE OF REVIEW: 06/26/2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Work Hardening 5xWk x 2Wks = 80 hours 97545

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

The TMF physician reviewer is board certified in physical medicine and rehabilitation with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

**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 or not medical necessity exists for each of the health care services in dispute.

It is determined that the Work Hardening 5xWk x 2Wks = 80 hours 97545 is not medically necessary to treat this patient's condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 06/10/13
- Notification of Adverse Determination – 04/25/13
- Notification of Reconsideration Determination – 06/05/13
- Work Hardening Program Pre-Authorization Request – 04/19/13
- Reconsideration: Work Hardening Program Pre-Authorization Request – 05/08/13

- Referral to – 04/04/13
- Patient Report of Work Duties – 04/05/13
- Description of Injured Employee's Employment – no date
- Job Description of Worker from ita – no date
- Report of Functional Capacity Evaluation – 03/14/13
- Work Hardening History and Physical – 04/18/13
- Office Visit Notes – 04/02/13
- Multidisciplinary Work Hardening Plan & Goals of Treatment – 04/05/13
- Initial Behavioral Medicine Evaluation – 01/15/13
- Assessment/Evaluation for Work Hardening Program – 04/05/13
- Initial Behavioral Medicine Consultation – 04/18/13
- Consultation – 05/14/12
- Procedure note – 07/02/12
- Progress notes – 06/22/12 to 07/16/12
- Two pages of a three page New Patient Consultation – 02/04/13

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker sustained a work related injury on xx/xx/xx when he was stepping down from a concrete platform to a truck and heard a pop in his back. He has been diagnosed with lumbar sprain and strain and has been treated with medications, physical therapy and epidural steroid injections. There is a request for the patient to undergo Work Hardening Program at 5xWk x 2Wks.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

This reviewer agrees with the non-certification due to the lack of documentation of previous progress from physical therapy followed by a plateau in a patient with onset of symptoms 14 months ago. Therefore, it is determined that the Work Hardening 5xWk x 2Wks = 80 hours 97545 is not medically necessary to treat this patient's condition.

**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 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)