

# C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** May/03/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** work hardening program x 80 hours/units

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D. O. Board Certified Physician Medicine and Rehabilitation 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.** It is the opinion of this reviewer that the request for inclusion into a work hardening program x 80 hours/units is not recommended as medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Behavioral consultation dated 05/09/12

Clinical notes dated 03/02/13 – 04/04/13

Functional capacity evaluation dated 03/08/13

Previous utilization reviews dated 03/21/13 & 04/04/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury regarding his low back. The initial behavioral consultation dated 05/09/12 details the patient presenting with low back pain. The note does detail the patient stating the initial injury occurred when he was cutting through a tree. The note further details the patient scoring a 42 on his FABQ-W and a 24 on his FABQ-PA. The clinical note dated 03/02/13 details the patient utilizing Gabapentin & Tramadol for ongoing pain relief. The functional capacity evaluation dated 03/08/13 details the patient able to perform at a sedentary physical demand level. The patient was noted to have an occupation that requires a medium physical demand level. The clinical note dated 03/21/13 details the patient having previously undergone psychotherapy which did provide a positive response in the patient. The clinical note dated 04/04/13 details the patient requesting an inclusion into a Work Hardening program.

The previous utilization review dated 03/21/13 resulted in a denial for 80 hours of work hardening program secondary to the patient being recommended for a lumbar surgery during a clinical evaluation on 02/28/13.

The previous utilization review dated 04/04/13 for inclusion into a work hardening program resulted in a denial secondary to the patient being recommended for a surgical intervention of

the low back by 2 separate doctors.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation submitted for review elaborates the patient complaining of ongoing low back pain. The documentation does detail the patient having previously undergone a clinical evaluation resulting in a recommendation for a lumbar region surgery. However, no information was submitted regarding the patient's surgical interventions at this time. The Official Disability Guidelines recommend a work hardening program provided all other avenues of care are exhausted.

Given that the patient is noted to have been recommended for surgical intervention with no information regarding the patient's completion of a surgical intervention, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time. As such, it is the opinion of this reviewer that the request for inclusion into a work hardening program x 80 hours/units is not recommended as medically necessary.

**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)