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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/08/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours multidisciplinary work hardening program

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

PM&R

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

Utilization review determination dated 04/10/13, 04/17/13

Preauthorization request dated 04/05/13

Reconsideration dated 04/10/13

Environmental intervention note dated 04/17/13

Patient report of work duties dated 03/18/13

Functional capacity evaluation dated 03/18/13

History and physical dated 03/18/13

Work hardening plan and goals of treatment dated 03/18/13

Initial behavioral medicine consultation dated 03/18/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient picked up a 10 gallon jug of water and when he turned sideways he felt numbness and pain. Initial behavioral medicine consultation dated 03/18/13 indicates that treatment to date includes physical therapy, cortisone injections, ALIF surgery in July 2012 followed by postoperative physical therapy and medication management. Medications are listed as Crestor, Dexilant, Ramipril, Tramadol-acetaminophen. BDI is 31 and BAI is 14. FABQ-PA is 12 and FABQ-W is 29. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; and major depressive disorder, single episode severe without psychotic features. Per functional capacity evaluation dated 03/18/13, required PDL is heavy

and current PDL is medium.

Initial request was non-certified on 04/10/13 noting that abnormal psychometrics are modest at worst. Pain is only 1/10. Medication use is limited to tramadol. Attempts at prior return to work appear to be absent with documentation of termination of employment as of 12/12. The patient has made no attempts at finding gainful employment. There is simply no evidence that there is a current valid job-ability mismatch. There is no evidence that the patient is planning to or has planned to return to work to a heavy PDL. Without a job and without attempts to obtain employment, the RTW PDL of heavy is only some theoretical PDL without any evidence that the patient has tried or will try to ever obtain. The denial was upheld on appeal dated 04/17/13 noting that pain management issues do not appear to be a major concern, as it is documented that pain symptoms are described as a 1 on a scale of 1 to 10. Therefore, medical necessity for such a comprehensive work hardening program is not established as it would not appear that there are significant pain issues present to support a need for a comprehensive work hardening program.

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

The patient sustained injuries in xx/xxxx and has undergone treatment to include physical therapy, injections, ALIF in July 2012 and medication management. The patient presents with minimal pain complaints rated as 1/10. The patient is not currently taking any psychotropic or opioid medications. There is no specific, defined return to work goal provided as required by the Official Disability Guidelines. There is no documentation of prior return to work attempts. As such, it is the opinion of the reviewer that the request for 80 hours multidisciplinary work hardening program is not recommended as medically necessary.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES