

True Decisions Inc.
An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

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)

Description of the service or services in dispute:

Work hardening program X 80 hours / unit

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. Designated doctor evaluation dated 03/17/14 indicates that the patient felt a sharp pain in his back. The patient was seen and diagnosed with bilateral lumbar sprain. The patient completed a course of physical therapy. The patient has 6 out of 8 positive Waddell's tests which is significant for symptom magnification. Diagnosis is lumbar sprain/strain. The patient reached maximum medical improvement on 03/15/13 with 0% whole person impairment. Physical performance evaluation dated 08/05/14 indicates that required PDL is heavy and current PDL is light. Initial clinical interview and assessment dated 09/26/14 indicates that the patient is not taking any medications. BDI is 27 and BAI is 15. Diagnoses are major depressive disorder and somatic symptom disorder with predominant pain.

Initial request for work hardening program x 80 hours/units was non-certified on 10/09/14 noting that it is not clear that all lower levels of care have been exhausted. Follow up note dated 09/23/14 documents that recommended additional invasive pain management. The functional capacity evaluation provided is not indicative of full effort. The claimant self-limited on dynamic lifting and there was no significant rise in heart rate. Reconsideration request dated 10/21/14 indicates that patient states he was unable to fill the prescriptions. He is currently not working. The denial was upheld on appeal dated 10/28/14 noting that there was no additional significant objective clinical information provided to support reverse of the previous adverse determination.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries in xx/xxxx. Designated doctor evaluation dated 03/17/14 indicates that diagnosis is lumbar sprain/strain. The patient was determined to have reached maximum medical improvement as of 03/15/13 with 0% whole person impairment. The submitted records indicate that the patient self-limited on dynamic lifting during the PPE. The patient is not currently taking any medications. The submitted records fail to establish that the patient has completed an adequate course of physical therapy with improvement followed by plateau as required by the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for work hardening program x 80 hours/unit 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 and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)