

I-Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd Ste 117-501
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/15/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening x 80 hours (10 sessions) - lumbar spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical 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 the reviewer that the request for work hardening x 80 hours (10 sessions) - lumbar spine is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization reviews dated 06/05/14, 06/13/14
Treatment plan dated 06/02/14
Functional capacity evaluation dated 05/29/14
Behavioral health assessment dated 05/27/14
Work hardening request dated 06/02/14
Letter dated 06/05/14

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. He fell and landed on his left side. Behavioral health assessment dated 05/27/14 indicates that treatment to date includes physical therapy, epidural steroid injection x 2, left lumbosacral facet rhizotomy, home exercise program and medication management. Current medication is Gabapentin. BDI is 11 and BAI is 12. Diagnoses are lumbar sprain/strain, lumbar IVD, and lumbar radiculopathy. Functional capacity evaluation dated 05/29/14 indicates that current PDL is below sedentary for lifting from floor tasks and light for all other tasks. Required PDL is heavy. Treatment plan dated 06/02/14 indicates that the patient is eager to return to work in some capacity.

Initial request for work hardening x 80 hours was non-certified on 06/05/14 noting that the functional capacity evaluation notes the claimant is not capable of any weight lifted on all dynamic lifts tested. No ability to lift any weight at all on all dynamic lifts is not consistent with max valid effort being performed by the claimant. No significant psych issues have been identified. There is no evidence the claimant has reached a plateau from the PT already provided. There is no evidence of attempts to return to modified work duties or full duty work.

There is no written job verification from the employer for this claimant to return to nor is there a job description/job demand per the employer to support the current request. Letter of appeal dated 06/05/14 indicates that it is reasonable to assume that the patient can reach a heavy PDL with a medically supervised program. The denial was upheld on appeal dated 06/13/14 noting that there is no detailed job description from the employer and evidence of absence of modified duty availability.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx. The submitted records fail to document that the patient has completed an adequate course of physical therapy with improvement followed by plateau as required by the Official Disability Guidelines prior to enrollment in a work hardening program. The Official Disability Guidelines also require a specific, defined return to work goal which is not documented. As such, it is the opinion of the reviewer that the request for work hardening x 80 hours (10 sessions) - lumbar spine 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)