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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/02/2015

Review Outcome:

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

Family Medicine

Description of the service or services in dispute:

Work Hardening X 80 hours

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)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. The patient bent at the waist to pick up a bucket of nuts and bolts and reported low back pain. Designated doctor evaluation dated 01/20/15 indicates that the patient complains of right sided back pain. Diagnosis is lumbar sprain/strain. The patient is waiting on pending further treatment (injections), and therefore, has a potential for improvement. The anticipated maximum medical improvement date is 04/20/15. Functional capacity evaluation dated 03/31/15 indicates that current PDL is sedentary and required PDL is medium-heavy. Initial behavioral medicine consultation dated 04/01/15 indicates that he received an exam, medications, an MRI and therapy. Current medications are Flexeril, anaprox, theramine, trepadone and Nalfon. BAI is 34 and BDI is 30. Diagnoses are anxiety disorder (severe) due to a general medical condition, depressive disorder (severe) due to a general medical condition, and sleep disorder due to a general medical condition.

Initial request for work hardening x 80 hours was non-certified on 04/22/15 noting that there is no indication what currently ongoing objectively identifiable pathology explains and accounts for his subjective complaints, reported distress and reported lack of physical function. There is no evidence that the patient sustained an injury any more significant than a soft tissue strain. A work hardening program is not supported for ongoing subjective issues with no identifiable objective pathology to support those issues. Appeal request dated 04/22/15 indicates work hardening is being requested due to his condition which is a result of his work related injury. The denial was upheld on appeal dated 04/29/15 noting that there was no official functional capacity evaluation provided for review, nor was there beneficial psychological evaluation having been supplied for review. The functional capacity evaluation was subsequently submitted for review; however, the psychological evaluation did not indicate that he had been cleared for undergoing the work hardening program and it stated that he would benefit from counseling to address his depression and anxiety.

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; however, there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The Official Disability Guidelines require documentation of completion of an adequate trial of physical therapy with improvement followed by

plateau prior to enrollment in a work hardening program. There are no serial physical therapy records submitted for review. The patient was reportedly recommended to undergo injection therapy; however, there is no indication if this occurred. There is no specific, defined return to work goal provided. There is no indication that the patient has received lower levels of psychological treatment. As such, it is the opinion of the reviewer that the request for work hardening x 80 hours 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 Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)