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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/23/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 80 hours of work hardening program

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Family 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 80 hours of work hardening program is recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient whose date of injury is xx/xx/xx. The mechanism of injury is described as lifting a torque wrench and compressor. The patient underwent L4-5 and L5-S1 decompressive laminectomy and lumbar fusion on 03/12/14 followed by 38 postoperative physical therapy visits. Lumbar MRI dated 12/17/14 revealed status post anterior interbody fusion at L4-5 with bilateral bridging pedicle screws at L4-5 and L5-S1; minor disc space narrowing at L3-4; disc bulge and facet hypertrophic changes at L2-3 with minor bilateral neural foraminal narrowing; disc bulge and facet hypertrophic changes at L3-4 with minor bilateral subarticular zone and neural foraminal narrowing; postoperative changes with laminectomy at L4-5 and L5-S1. Functional capacity evaluation dated 01/05/15 indicates that required PDL is heavy and current PDL is light. Observation revealed maximum exerted effort. Psychological consultation dated 01/06/15 indicates that the patient's symptoms include sadness, insomnia, energy decrease, frustration, irritability and short temper.

Current medications are listed as hydrocodone and Lyrica. BDI is 21 and BAI is 25. Request dated 01/16/15 indicates that there was subjective and objective improvement noted. The last therapy was completed on 11/10/14.

Initial request for 80 hours of work hardening program was non-certified on 01/21/15 noting that there was no clear documentation that the patient had a bona fide job offer with clear return to work goals. The patient has reports of high pain levels at 8/10 despite opioid usage and there was no clear treatment plan to address this negative predictor of success. Reconsideration request dated 01/21/15 indicates that the return to work goal has been established in that this patient already has a job to return to if they are able to get him back to the physical demands of the job. He has never been terminated and the job is still available. It is worth noting that the 8/10 was the pain level measured at the completion of a very demanding functional capacity evaluation. The denial was upheld on appeal dated 01/28/15

noting that there is a lack of documentation with evidence of improvement followed by a plateau with physical therapy and evidence the patient will be working concurrently while participating in the work hardening program. Response to denial dated 01/28/15 indicates that the patient has continued to maintain the positive improvements and range of motion and in that the pain levels have actually gone down somewhat, this is another positive response. The patient has not been working, but continues to have a job. Because of his inability to achieve a higher physical ability level, he has been unable to return to work.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries in xx/xx secondary to lifting. The patient underwent L4-5 and L5-S1 decompressive laminectomy and lumbar fusion on 03/12/14 followed by approximately 38 postoperative physical therapy visits with improvement followed by plateau as documented by serial progress notes. The patient does have a job to return to at this time. Functional capacity evaluation indicates that despite putting forth maximum effort, the patient was unable to perform at his required physical demand level for return to work. The patient does present with depression and anxiety, based upon Beck scales. Given the current clinical data submitted for review, the issues raised by the initial denials have been adequately addressed. As such, it is the opinion of the reviewer that the request for 80 hours of work hardening program is recommended as medically necessary and the prior denials are overturned.

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)