

Applied Resolutions LLC

An Independent Review Organization

Phone Number:
(817) 405-3524

900 N Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Email: appliedresolutions@irosolutions.com

Fax Number:
(817) 385-9609

Notice of Independent Review Decision **Applied Resolutions LLC**

Review Outcome:

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

Anesthesiology

Description of the service or services in dispute:

80 hours of a work hardening program for the lumbar spine

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 was running while training at work and stepped wrong, jarring his low back. He felt pain radiating down the back of his thigh. The patient underwent bilateral laminectomy and discectomy at L5-S1 on xxxxx followed by postoperative physical therapy. Physical therapy re-evaluation dated xxxx indicates that lumbar flexion, lateral flexion and rotation have improved. The patient continues to progress. Behavioral health assessment dated xxxx indicates that his affect was euthymic and personable. He reported his mood has improved along with his pain since his surgery. The patient appears to be a genuinely well-adjusted individual who is doing his best to tolerate pain. Functional capacity evaluation dated xxxx indicates that the patient rates his pain as 1/10. The patient is currently working light duty in the office. Required PDL is very heavy and current PDL is heavy. Current medication is Celebrex.

Initial request for work hardening was non-certified on xxxxxx noting that the documentation fails to outline a significant mismatch between physical abilities and job demands. Also, the records fail to outline behavioral issues in need of a multidisciplinary return to work program. The denial was upheld on appeal dated xxxx noting that stated in a telephonic consultation that the patient has no psychological issues. The claimant is currently at a heavy physical demand level and the claimant's job classification is very heavy PDL. The claimant's current medication includes only Celebrex. There are no functional deficits documented other than some ongoing pain. There is no documentation that the claimant has any behavioral issues which would indicate the need for a work hardening program. Letter dated xxxx indicates that never said the patient did not have psychological issues. It is reported that the patient is not only a x, he is also a member of the xx. As a xx, he wears 60 pounds of equipment and must perform running, climbing, lifting additional weight and participate in combat. This is a significant mismatch from his present abilities and he is at risk for re-injury.

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 and subsequently underwent L5-S1 laminectomy and discectomy on xxxx followed by a course of postoperative physical therapy. The Official Disability Guidelines require documentation of completion of an adequate course of physical therapy with improvement followed by

plateau. The physical therapy re-evaluation dated xxxx indicates that the patient continues to improve. There is no documentation of a plateau. Additionally, the patient does not appear to present with a significant psychosocial component to his pain which would require a multidisciplinary return to work program. Behavioral health assessment dated xxxx indicates that the patient appears to be a genuinely well-adjusted individual who is doing his best to tolerate pain. As such, it is the opinion of the reviewer that the request for 80 hours of a work hardening program for the 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 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)