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Notice of Independent Review Decision

Case Number:

Date of Notice: 01/22/2016

Review Outcome:

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

Anesthesiology And Pain Management

Description of the service or services in dispute:

Lumbar Spine: Work Conditioning for 30 hours

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- [x] Upheld (Agree)
- [ ] Overturned (Disagree)
- [ ] Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

This patient is a male who reported an injury on XX/XX/XX, after trying to avoid stepping on a X. Treatment to date has included medications, epidural steroid injections, and 9 physical therapy sessions. Of note, this patient has been diagnosed with a lumbar strain. According to the patient's recent office visit on XX/XX/XX, the patient continued to complain of pain in the low back, rated a 7/10 to 9/10 at its worst, and 4/10 to 6/10 at its best. Rest and hot baths made the pain feel better. The patient stated that he was only able to stand for 30 minutes at a time, but was able to sit for more than 30 minutes. He was able to walk for more than 30 minutes. A physical examination was not performed at the office visit. Per prior office notes, the patient had been recommended to undergo facet blocks. No additional information was provided. The current request is for work conditioning, for 30 hours, to address the lumbar spine.

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

According to the Official Disability Guidelines recommendations, work conditioning should not exceed 30 hours. Work conditioning visits will typically be more intensive than regular physical therapy, and work conditioning is typically needed when physical therapy is required beyond a normal course of physical therapy. According to the documentation submitted, this patient has ongoing lumbar spine pain. However, no recent physical examination of the patient was provided to support that the patient currently has any functional deficits precluding him from returning to work. There is a lack of documentation supporting that the patient, at this time, has any range of motion deficits, strength deficits, or deficits in activities of daily living or work related activities that would support the medical necessity of work conditioning visits. Also, the documentation provided shows that the patient was recommended to undergo facet blocks. Additionally, a clear rationale was not provided for the medical necessity of the work hardening rather than the patient continuing with physical therapy sessions. Without this information, the request would not be supported by the evidence based guidelines. As such, the prior denial for the work conditioning for 30 hours is upheld.

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)