

---

*Magnolia Reviews of Texas, LLC*  
PO Box 348  
Melissa, TX 75454  
972-837-1209 Phone 972-692-6837 Fax  
Email: @hotmail.com

Notice of Independent

Review Decision

IRO REVIEWER REPORT

X

**IRO CASE #:**

X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

X

**REVIEW OUTCOME:**

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

X Upheld (Agree)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X whose date of injury is X. X stepped down from a ladder and missed the last rung and noted low back pain. MRI lumbar spine dated X shows X subarticular right disc protrusion without mass effect the more lateral right X. X central disc protrusion mass effect on either proximal right X. At X there is severe right neural foraminal stenosis. Treatment to date includes physical therapy and a chronic pain management program. Progress note dated X indicates that the patient had completed 20 sessions of chronic pain management program. X physical demand level had improved from sedentary/light to medium. Work hardening/conditioning progress note dated X indicates this is the patient's X visit. X demonstrated the ability to perform 71.8% of the physical demands of X job as an X.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. The initial request was non-certified noting that, "In this case, the appears to have already completed a chronic pain program in X. ODG guidelines do not recommend work hardening or conditioning programs after completion of similar rehabilitation programs. There are no documented extenuating circumstances to support an exception to the guidelines. The request is not shown to be medically necessary. Therefore, the request for X is non-certified." The denial was upheld on appeal noting that, "The records provided do not address why X specifically is sought in this case after documented completion of a functional restoration program as the Official Disability Guidelines (ODG) do not recommend work conditioning after completion of similar programs such as a Functional Restoration Program (FRP) or a prior work conditioning program. The peer's designee stated that there was no knowledge that the injured worker had previously completed a Functional Restoration Program (FRP). No additional clinical information or extenuating circumstances were described in the peer

conversation nor is new clinical information demonstrating such extenuating circumstances documented in the appeal letter submitted subsequent to the initial determination.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient completed a tertiary chronic pain management program in X. Current evidence based guidelines note that "Upon completion of any rehabilitation program including WH, WC, outpatient medical rehabilitation, or chronic pain/functional restoration programs, neither re-enrollment nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury." Also, the patient has completed at least X recent visits of work conditioning. The request for X would exceed guidelines. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- X MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**