



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: April 11, 2007

IRO Case #:

Description of the services in dispute:

Retrospective – Work hardening to the lumbar spine, 5 visits per week for 4 weeks.

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

This review has been provided by a licensed chiropractor in active practice for over twenty years. This reviewer is a Board eligible Chiropractic Orthopedist and is a member of their state Chiropractic Association and the American Chiropractic Association. This reviewer specializes in disability evaluation, industrial injuries, roentgenology and independent medical examinations and is active in continuing education related to disability and impairment ratings. The reviewer has additional qualifications and training in Acupuncture. This reviewer is certified by their State Chiropractic Association in Industrial Disability examinations and evaluations.

Review Outcome

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

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medical necessity does not exist for the requested work hardening to the lumbar spine, 5 visits per week for 4 weeks.

Information provided to the IRO for review

Records Received From The State:

Fax cover sheet 3/22/07, 1 page

Notice to, of case assignment, 3/22/07, 1 page

Confirmation of receipt of a request for a review by an independent review organization, 3/19/07, 4 pages

Letter from LPN, 1/11/07, 3 pages

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

[www.mrioa.com](http://www.mrioa.com) A URAC & NCQA Accredited Company

Letter from DC, 2/8/07, 2 pages

Request for a review by an independent review organization, 3/14/07, 3 pages

Records Received From Spine and Rehab:

Request for preauthorization, 1/8/06, 1 page

Notice of utilization review agent of assignment of independent review organization, 3/22/07, 1 page

Subsequent evaluation, 11/2/06, 2 pages

Physical performance evaluation, 1/5/06, 2 pages

Functional abilities evaluation, 12/4/06, 6 pages

pain questionnaire, 12/4/06, 3 pages

Work hardening assessment psychosocial history, 1/3/07, 4 pages

Records Received From ACE/ESIS:

Letter from 3/23/07, 1 page

Notice of assignment of independent review organization, 3/22/07, 1 page

Subsequent evaluation, 11/2/06, 2 pages

Physical performance evaluation, 1/5/06, 2 pages

Functional abilities evaluation, 12/4/06, 6 pages

pain questionnaire, 12/4/06, 3 pages

Work hardening assessment psychosocial history, 1/3/07, 4 pages

Letter of reconsideration for work hardening program, 1/11/07, 2 pages

Patient clinical history [summary]

This reviewer was requested to perform a retrospective utilization review of 20 sessions of work hardening provided 1/8/07 to 3/8/07 by Spine and Rehabilitation. The sessions were not certified and the doctor of chiropractic appealed, which was denied. Now there is a request for an Independent Review.

The records indicate the patient alleges an industrial injury while employed as a Presser. The patient alleges she was pulling a cart of clothing and lifted it over carpeting. She felt pain and a heard a "pop" in her low back. She was subsequently seen by various providers, received a multitude of tests, examinations, injections and treatment as well as at least 34 physical rehabilitation sessions. On 7/7/06 the patient underwent lumbar surgery with subsequent rehabilitation.

On 11/2/06 Dr. Spine and Rehab recommended 20 sessions of work hardening (work conditioning with a psyche component). A Physical Performance Evaluation was performed on 12/4/06 by Spine and Rehab by DC. The sessions were not certified upon utilization review. The non-certification has been appealed and was not certified again. Now the doctor of chiropractic has requested an IRO.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The basis of support for the requested 20 sessions of work hardening is a functional capacity evaluation (FCE) performed on 12/4/06. Functional Capacity Evaluations, also known as functional ability evaluations and quantitative functional capacity evaluations, should only be ordered when crucial. Chapter 7, page 137–138 of the ACOEM guidelines indicate, “FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual’s actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual’s ability. As with any behavior, an individual’s performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer’s responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities.”

Haldeman, et al, in chapter 46, page 889–890, Principles and Practice of Chiropractic, indicates, “Another clinical standard involves the use of tests of physical impairments such as ROM (range of motion) or strength. Unfortunately, most impairments typically measured show a rather tenuous correlation to both pain and activity intolerances. In fact, these measures have been shown to be related as much to an individual’s motivation to perform as to their actual physical performance ability.”

Work conditioning is a highly specialized rehabilitation program that spans the transition from traditional rehabilitation therapies to return to work by simulating workplace activities and surroundings in a monitored environment. Programs may be developed and carried out by an occupational therapist and/or physical therapist. The goal is to create an environment in which returning workers can rebuild psychological self-confidence and physical reconditioning by replicating their work routine. In the present case the patient does not require work conditioning/hardening, but should be in a self-directed home exercise program of strengthening, stretching, increasing flexibility and muscle tone. This does not require licensed supervision or to be performed in an office/gym environment, but can be performed by the patient, at home and at their own speed. The patient's job was as a presser. There is no specific program to return a presser to employment beyond the usual strengthening exercises previously alluded to.

There is no evidence the patient has a job to return to. The patient is 50 years old and has diabetes. It is over 2 years since the injury. ODG indicates the criteria for admission to a work hardening program: 1) Physical recovery sufficient to allow for progressive reactivation and

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

[www.mrioa.com](http://www.mrioa.com) A URAC & NCQA Accredited Company

participation for a minimum of 4 hours a day for three to five days a week: 2) A defined return to work goal agreed to by; the employer & employee: a) A documented specified job to return to, or b) Documented on-the-job training: 3) The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. 4) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit."

There is no evidence the patient experienced a psychotic or neurotic episode on the job due to the work. The patient appears to have situational anxiety, which is not unusual in people who have been injured, whether on the job or not. There is no evidence the patient has clinical depression which would require a Board Certified Psychiatrist providing mood altering drugs and on-on-one psychiatric therapy. In the absence of such a diagnosis and involvement of a psychotherapist with an advanced degree, group counseling provided by a LPC is not appropriate or medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

This decision is based upon documentation, local and national community standards and the following references:

Occupational Medicine Practice Guidelines, 2nd Edition, American College of Occupational and Environmental Medicine, OEM Press, 2004. Citations are referenced in the text of the discussion.

Haldeman, S, et al. Principles and Practice of Chiropractic, Third Edition, McGraw Hill, 2005. Citations are referenced in the text of the discussion.

Official Disability Guides, Work Loss Data Institute, 5th Edition, 2007, Low Back Chapter.