

MATUTECH, INC.

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DATE OF REVIEW: MAY 30, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening, first two hours (97545) and work hardening; each additional hour (97546) Dates of Services: 01/22/07, 01/23/07, 01/24/07, 01/25/07, 01/26/07, 01/29/07, 01/30/07, and 01/31/07

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

BOARD CERTIFIED IN PHYSICAL MEDICINE AND REHABILITATION
SUBSPECIALTY BOARD CERTIFIED IN PAIN 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Specialty Risk Services:

- Office notes (xx/xx/xx – 01/25/07)
- Diagnostic (11/20/06 – 12/08/06)
- Work hardening program (01/22/07 – 01/31/07)
- FCE (01/22/07)
- RME/Reviews (xx/xx/xx – 05/02/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient injured his back while pulling an air-conditioning unit on top of a three-story apartment complex.

M.D. assessed lumbar strain and ordered a conservative regimen of passive therapy and prescribed medications. In xx/xx/xx, M.D. performed a required medical evaluation (RME). He reported following the treatment summary: *Magnetic resonance imaging (MRI) of the lumbar spine in xx/xx/xx, indicated a*

broad-based disc herniation, excentric to the left with severe left lateral recess and foraminal stenosis with some degree of moderate right lateral foraminal stenosis. The patient was treated by chiropractor Dr. and also had undergone a trial of epidural steroid injection (ESI) that did not significantly provide any relief. He was later seen by Dr., who considered surgical intervention. However, the patient's blood pressure was elevated and he therefore was unavailable for potential surgery until he had good control of his blood pressure. Dr. felt that the patient would most likely need a surgical decompression. He recommended repeat a MRI scan and evaluation by a primary care physician for adequate control of his blood pressure.

In October 2006, M.D. a designated doctor, deferred assessment of maximum medical improvement (MMI) and recommended additional treatment for persistent pain with radiculitis and evaluation by surgeon for consideration of surgery as soon as hypertension was statistically controlled.

In November 2006, D.C. took over as the treating physician. Sonographic evaluation of the lower thoracolumbar paraspinal muscle revealed muscle spasm. D.O., a pain management physician, prescribed Norco and obtained electrodiagnostic studies of lower extremities, which demonstrated bilateral L5 and S1 radiculopathy, worse on the left. M.D., a spine surgeon, felt that L4 through S1 decompression transforaminal lumbar interbody fusion (TLIF) from L4 through S1 could be considered.

In January 2007, Dr. referred the patient to Center for a chronic pain management program (CPMP). Ph.D., performed a behavioral health screening assessment. It was noted that the patient had undergone numerous medications, active and passive therapy, epidural steroid injections (ESIs), decompression therapy, and chiropractic treatment. Dr. diagnosed adjustment disorder with depression and anxiety symptoms and recommended interdisciplinary pain management program. D.O., also suggested interdisciplinary chronic pain program.

On January 22, 2007, a functional capacity evaluation (FCE) placed the patient at the sedentary-to-light physical demand level (PDL). The evaluator recommended a work hardening program (WHP) for four to six weeks. From January 22, 2007, through January 31, 2007, the patient attended eight sessions of WHP at Center.

On February 27, 2007, D.O., performed a peer review and rendered the following opinions: (1) Work hardening was a tertiary program and that becomes necessary when a patient had exhausted conservative care and there was a psychological overlay. If the patient had significant psychological dysfunction, this must have been treated first before the patient enrolled for a WHP. (2) The patient would have required a multidisciplinary approach. (3) The patient prematurely enrolled in a work hardening program (WHP) and his underlying psychiatric issues should have been treated first.

On May 2, 2007, M.D., performed a peer review and rendered the following opinions: (1) MRI, initial electromyography/nerve conduction velocity (EMG/NCV) study, FCE was medically reasonable and necessary. A repeat

EMG/NCV study was not indicated. (2) WHP was not reasonable or medically necessary secondary to the method of implementation. There was no simulation of a work environment noted. (3) Psychiatric condition/diagnosis was not treated prior to the WHP in order to maximize benefit from the program.

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

The information reviewed indicates objective evidence of lumbar pathology which had considered operative after failure of conservative management. The patient continues to reveal functional deficits based on objective functional capacity evaluation indicating inability to return back to work at previous level. It is reasonable to consider the 8 sessions of work hardening already attended as appropriate for functional recovery. This is based on his functional deficits and nonoperative condition. Work hardening is considered multidisciplinary and should address both physical and psychologic dysfunction. Therefore, the 8 sessions already attended of work hardening would be considered reasonable and necessary to treat the underlying compensable injury and restore function.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**