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NOTICE OF INDEPENDENT REVIEW DECISION

IRO REVIEWER REPORT

DATE OF REVIEW: 08/25/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Work hardening.

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

Texas License

Diplomate of the American Association of Quality Assurance & Utilization Review Physicians

Diplomate of the American Academy of Pain Management

Certified by the American Academy of Disability Evaluating Physicians

Fellow of the American Back Society

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Cervical spine MRI dated 04/26/07.
2. Initial narrative dated 05/08/07.
3. Functional Capacity Evaluation dated 05/09/07.
4. Physical therapy notes from 05/17/07 thru 06/11/07.
5. Upper extremity NCV/EMG dated 05/21/07.
6. Clinical interview dated 06/20/07.
7. denial form for work hardening & work conditioning.
8. Repeat clinical interview dated 07/12/07.
9. Rebuttal letter requesting additional work conditioning.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee is a morbidly obese female who alleged an occupational injury when she was sitting in her work chair. The chair had a pneumatic pump which allowed the chair to raise and lower. The pneumatic device lost compression suddenly and dropped the employee from her seated position down to the base of the pneumatic pump rod. The employee indicated this caused a sudden jolt resulting in neck pain, headaches, and blurred vision. The employee described neck pain as a result of this incident. The pain was a sharp and shooting type of pain which radiated into the right shoulder and down the arm. The employee also stated that this caused the sudden onset of weakness in her right hand and arm. Pain was listed as 8/10, and her headaches started in the occipital region and were described as daily. The employee was never worked up for any stroke, transient ischemic attack, or seizure activity. Furthermore, there was no documented physical examination or work-up for migraine headaches of either a cluster or classic type.

A cervical spine MRI was performed immediately after the injury and identified no acute or traumatic structural pathology. There was some minimal disc degenerative change observed at the C5-C6 level, and there was no significant compromise of the subarachnoid space or exiting nerve roots.

Regardless, the employee did have extensive amounts of physical therapy which provided no long-term or even short-term benefits.

A Functional Capacity Evaluation (FCE) performed on 05/09/07 suggested that the employee was able to perform in a light physical demand capacity occupation according to the *Dictionary of Occupational Titles*. This definition of light duty is defined as lifting up to 20 pounds on an occasional basis. However, the employee is employed as an at Verizon, and her duties on this position are sedentary requiring little to no lifting of up to no more than 10 pounds on an occasional basis. However, the employee was recommended to begin work conditioning to help with pain and headaches.

An upper extremity electrodiagnostic study including an NCV and EMG were also performed on 05/21/07. This study reported an incidental finding of right sided carpal tunnel syndrome. No other significant findings were identified.

A clinical interview by Dr. suggested that the employee had a diagnosis of adjustment reaction with physical symptoms, along with psychosocial stressors. Dr. recommended a work conditioning program. The request for this program had been denied by the insurance carrier. The request is now being reviewed under the IRO statute.

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

The employee alleged sustained injury to the cervical spine resulting in chronic headaches, along with blurred vision, dizziness, and a right sided carpal tunnel complaint. Despite this long list of complaints caused by the chair pneumatic system suddenly losing pressure and dropping several inches, the employee's FCE confirmed that she could function quite independently. The employee does not have any significant loss of functional or instrumental activities of daily

living. Furthermore, the employee is able to work in a job that is listed at a higher level of functional activity than her current position.

The request for work conditioning and/or work hardening does not appear to be reasonable or medically necessary based on the *Official Disability Guidelines* criteria for entrance into these types of tertiary level physical reconditioning programs. The employee already failed to progress with other physical active exercise programs as documented by the physical therapy notes between 05/17/07 through 06/11/07. Furthermore, the employee's main complaints appear to be subjective and not objectively based. Finally, the employee has no physical or objective reason to need additional reconditioning. The employee's most recent FCE confirmed that she could more than adequately perform the job duties of a sedentary occupation. Work hardening does not have any efficacy in treating headaches. According to the *Official Disability Guidelines* under the heading of headaches, work and/or return to work is however recommended. In fact, it is indicated that many mild trauma brain injury individuals are able to resume normal work duties with secondary prevention precautions and education requiring little or no additional therapeutic intervention. A small percentage of individuals with mild traumatic brain injury such as age greater than 40 or with loss of consciousness may require more assistance in return to work accommodations. However, this employee did not have any significant contact to the brain and did not have any documented loss of consciousness. At the very most, the employee suffered a mild traumatic brain injury which would indicate that she should return to work as soon as possible and resume normal work duties.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. *Official Disability Guidelines*