

Notice of Independent Review Decision

DATE OF REVIEW:

08/21/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CPT Codes (97545 and 97546) for 21 work hardening sessions.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, and Specializing in Pain Management.

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.

Deny work hardening (97545 and 97546) for 21 sessions as not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated 07/27/07
- Referral dated 07/27/07
- Invoice dated 07/31/07
- DWC: Notice To LLC of Case Assignment dated 07/26/07
- DWC: Notice Of Assignment Of Independent Review Organization dated 07/26/07
- DWC: Confirmation Of Receipt Of A Request For A Review dated 07/23/07
- LHL009: Request For A Review By An Independent Review Organization dated 07/19/07
- Treatment Center: Summary of Requester's Position Regarding Dispute dated 07/19/07 from, Billing & Collections
- Dr., D.O.: Report dated 07/17/07
- Treatment Center: Group Notes dated 02/28/07, 02/07/07, 01/24/07, 01/07/06 from, Ph.D.
- Treatment Center: Letter dated 02/23/07 from, P.T. with attached report dated 02/23/07
- Treatment Center: Group Notes dated 02/15/07, 02/08/07
- Treatment Center: Lunch Hour Group Note dated 02/14/07 from, Ph.D
- Treatment Center: Letter dated 01/25/07 from, P.T. with attached report dated 01/25/07
- Explanation of Reviews with Billed Dates of 01/03/07 to 02/28/07
- Table of Disputes Services Only for 01/02/07 to 02/28/07
- Treatment Center: Group Therapy Notes dated 01/02/07 through 02/28//07
- Treatment Center: Work Hardening Daily Progress Notes dated 01/02/07 through 02/28/07

- Work Hardening Daily Flow Sheets dated 01/02/07 to 03/02/07
- Treatment Center: Letter dated 12/29/06 from, P.T. with attached report dated 12/14/06
- Institute: New Patient Evaluation dated 09/21/06 from, M.D.
- Imaging: MRI lumbar spine dated 03/02/06

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who cannot read, write, or speak English. The injured individual was a when he injured himself. He had one week of physical therapy (PT) and ten psychiatric sessions before beginning work hardening in 01/2007. He missed quite a few Wednesdays, he tested at light medium with a questionable validity on his three Functional Capacity Exams (FCEs), his performance never improved, his symptoms never improved. The injured individual was reportedly approved for six sessions, he attended twenty-eight with missed days multiple times.

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

The request for work hardening is denied for multiple reasons. The injured individual had only a week of PT and ten psychiatric sessions as his treatment prior to work hardening; he had no medications, no injections. First, the injured individual had an introductory FCE in 12/2006 that indicated low validity of effort. Second, the injured individual cannot read or write so there are few jobs other than what he did (heavy labor construction) available to him. Third, there is no defined return to work (RTW) agreement or on the job training as required per ODG. Fourth, he had six sessions approved with no improvement noted (01/02/2007 to 01/10/2007) and his pain scores actually increased during this time. Fifth, his attendance was poor as he missed many Wednesdays and multiple weeks or partial weeks at a time. Finally, his three FCEs indicated no improvement in function or validity of effort.

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

➤ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

ODG 2007: Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. Physical conditioning programs that include a cognitive-behavioral approach plus intensive physical training (specific to the job or not) that includes aerobic capacity, muscle strength and endurance, and coordination; are in some way work-related; and are given and supervised by a physical therapist or a multidisciplinary team, seem to be effective in reducing the number of sick days for some workers with chronic back pain, when compared to usual care. However, there is no evidence of their efficacy for acute back pain. (Schonstein-Cochrane, 2003) Multidisciplinary biopsychosocial rehabilitation has been shown in controlled studies to improve pain and function in patients with chronic back pain. However, specialized back pain rehabilitation centers are rare and only a few patients can participate in this therapy. It is unclear how to select who will benefit, what combinations are effective in individual cases, and how long treatment is beneficial, and if used, treatment should not exceed 2 weeks without demonstrated efficacy (subjective and objective gains). (Lang, 2003) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal

of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. (CARF, 2006) (Washington, 2006) Use of Functional Capacity Evaluations (FCEs) to evaluate return-to-work show mixed results. See the Fitness For Duty Chapter. See Physical therapy for the recommended number of visits for Work Conditioning.

For Work Hardening see below. Criteria for admission to a Work Hardening Program:

1. Physical recovery sufficient to allow for progressive reactivation and 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 specific 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.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.