



DATE OF REVIEW: 7/24/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the appropriateness of the previously denied request for work hardening.

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

Texas licensed Aerospace/Occupational Medicine physician.

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)

The previously denied request for work hardening.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice to CompPartners, Inc. of Case Assignment dated 7/10/07.
- Fax Cover Sheet dated 7/10/07, 6/13/07.
- Fax Cover Sheet/Authorization Request dated 6/13/07.
- Letter dated 7/16/07, 7/3/07.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 7/3/07.
- Company Request for Independent Review Organization dated 7/2/07.
- Request for a Review by an Independent Review Organization dated 6/29/07.
- Non-Authorization Notice dated 6/8/07.
- Non-Authorization After Reconsideration Notice dated 6/21/07.
- Work Trax Referral Form 5/31/07, (unspecified date).

- **Follow-Up Evaluation Note dated 5/23/07, 3/28/07, 2/28/07.**
- **Functional Capacity Evaluation dated 6/4/07.**
- **Functional Capacity Medical and Vocational History dated 6/4/07.**
- **Functional Capacity Structural Evaluation dated 6/4/07.**
- **Lumbar Spine MRI dated 2/15/07.**
- **Operative Report dated 2/15/07.**
- **Physical Rehabilitation Evaluation Report dated 4/11/07.**
- **Examples of Job duties (unspecified date).**

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Female

Date of Injury: Mechanism of Injury: While making a bed, her foot got caught on a sheet, causing her to fall, and landing on the right side.

Diagnosis: Failed back syndrome.

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

This job requires her to arrange furniture, lift corners of mattresses, lift and carry bedding weighing up to 40 lbs, and push/pull a cart weighing 100 lbs. On 2/15/07, she underwent minimally invasive lumbar spine surgery by MD, using the Medtronic METRx system, in which lumbar paraspinal muscles are separated rather than cut. Also on 2/15/2007, an MRI with and without contrast revealed only the expected post-operative changes. On 4/11/2007, she still complained of lumbar pack pain (LBP) radiating into her left leg (dermatome and intensity not specified) worsened by walking, sitting and bending. On examination, she had decreased lumbar lordosis, a slow gait, posture: trunk leaning forward, lumbar range of motion (ROM): flexion 20 degrees, extension 20 degrees, tilt 10 degrees bilaterally (rotation was not reported), and strength 4/5 bilaterally in unspecified muscle. Straight leg raise (SLR), reflexes and sensory examination were not reported. She underwent an unspecified number of physical therapy (PT) sessions. On follow-up of 5/23/2007, Dr noted that after 12 PT visits, she is "doing very well" with less LBP (intensity not quantified) requiring only one unspecified pain pill at night. Physical examination/functional assessment were not reported. He recommended work hardening. A baseline functional capacity evaluation on 6/4/2007 was conducted through a translator. She rated her LBP at 5 of 10. On 9 questions regarding her pain, 3 responses suggested she amplifies her pain while her other six responses were equivocal, indicating "inappropriate illness behavior." On 16 objective tests for validity of maximum effort, 9 had inconsistent results, indicating she did not give her maximum effort. Her posture was upright except she carried her head forward. She had difficulty squatting. She could not lift anything off the floor due to LBP. She could lift only 14 pounds from knuckle to shoulder height and only 11 pounds from shoulder to over head. Lumbar tenderness was noted, with no mention of spasm or sciatic notch tenderness. Lumbar ROM had improved to flexion 65 degrees, extension 10 degrees, tilt 10 degrees bilaterally (rotation was not reported). Leg strength was 4-/5 bilaterally without specifying which muscles. An unspecified Waddell test was negative. Her job physical demand level was frequent lifting up to 10 pounds and occasional lifting 11 to 20 pounds. The patient was

considered a good candidate for work hardening. The prior adverse decision is upheld given the fact of inconsistencies in prior functional capacity evaluations and inappropriate illness behavior, noted on behavioral questionnaires. Work hardening programs require a very motivated participant, a job to return to and a physical demand analysis of the job, a fair to good prognosis must be present relating to achieving desired performance levels. It is also noteworthy that ODG Guidelines require proof of efficacy for continuation of a program beyond a 2 week period. Based on the above the 4 week request program is not justifiable or reasonable.

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.
- AHCPR – AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES.
- DWC – DIVISION OF WORKERS’ COMPENSATION POLICIES OR GUIDELINES.
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN.
- INTERQUAL CRITERIA.
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS.
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES.
- MILLIMAN CARE GUIDELINES.
- ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
