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DATE OF REVIEW: 07/05/2007

IRO CASE #:

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

This case was reviewed by a Pain Management Specialist. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 10 sessions of work hardening program

REVIEW OUTCOME: UPHELD(agreed)

REVIEW OF RECORDS:

- Submitted medical records were reviewed in their entirety.
- May 24, 2007 request for a review by an independent review organization by Healthcare
- March 28, 2007 utilization review letter from the Fund
- April 23, 2007 utilization review letter from the Fund
- June 15, 2007 noticed to utilization review agent of assignment of independent review organization letter from the Texas Department of Insurance
- June 1, 2007 letter from the Fund by M.D.
- April 17, 2007 request for an appeal from Healthcare Systems
- March 20, 2007 request for work hardening from Healthcare Systems
- February 21, 2007 functional capacity evaluation report from Healthcare Systems
- March 27, 2007 handwritten pre-authorization sheet
- March 24, 2007 handwritten pre-authorization sheet
- March 1, 2007 initial program evaluation from Rehabilitation Institute by, Physical Therapist
- April 2, 2007 physical therapy chart notes from Rehabilitation Institute by P.T.A.
- April 9, 2007 physical therapy chart notes from Rehabilitation Institute by P.T.A.
- April 12, 2007 physical therapy chart notes from Rehabilitation Institute by P.T.A.

CLINICAL HISTORY SUMMARY: This male patient sustained an injury involving his neck. A March 28, 2007 utilization review letter issued a denial as a functional capacity evaluation was said to be invalid. Dr. reportedly told the physician advisor that she felt that the patient gave effort during the test, however, the physician reviewer opined that the test results did not support this. An appeal letter was submitted stating that the patient has been evaluated from both a physical and psychological perspective, and both evaluations note motivation to recover and the desire to participate in the rigors of the program. The letter states that a work hardening program can also address motivation and work behaviors to promote return to work.

The case was again reviewed as of April 23, 2007 and denied. The report states that the patient weighed 400 pounds and is only able to lift between five to 10 pounds occasionally and 1 to 3 pounds consistently. The reviewer stated that this is non-physiologic and clearly evident of submaximal effort. A June 1, 2007 letter from Fund states that the position is maintained that the proposed treatment including 10 sessions of work hardening is not medically reasonable and necessary. Reasons were as follows: A return to work should include ergonomic assessment, job accommodation/modifications in the job site analysis. However, the reviewer pointed out that it is well known that the claimant has not returned to work since the date of injury. He stated that it seems very unrealistic that the claimant could return to work as a laborer which according to documentation requires heavy capacity level. There is no documentation of the claimant obtaining re-training through the Texas Rehabilitation Commission. The physician agreed that the FCE was not valid. He stated that 10 sessions of work hardening were not medically reasonable and necessary and the patient was not currently working at present and experienced increased blood pressure on the cardiovascular test during the performance of an FCE.

In reviewing the February 21, 2007 FCE report, the patient tested at a sedentary/light PDL and his job requires a very heavy PDL. The cardiovascular test was suspended due to an increased blood pressure to 178/124. He scored 70 on the Oswestry disability questionnaire with an interpretation of a crippled status.

ANALYSIS AND EXPLANATION OF DECISION: The Official Disability Guidelines state that criteria for admission to a Work Hardening Program include: 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. As noted above, the patient's cardiovascular test in his FCE was discontinued as the patient's blood pressure raised to a diastolic reading of 124. In addition, the patient was deemed crippled based upon his Oswestry disability questionnaire score of 70. Given these findings, the patient does not meet the criteria specified by the medical literature of having achieved physical recovery sufficient to allow for participation for a minimum of four hours per day for three to five days per week. It is a reasonable concern that the demands of such a program may raise the patient's blood pressure to unsafe levels. Further, the medical records fail to document that the patient has a specific job to return to. Therefore, my recommendation is to uphold the decision to non-certify 10 sessions of work hardening. The IRO's decision is consistent with the following guidelines:

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

__X__ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

_____PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

_____TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

_____TEXAS TACADA GUIDELINES

_____TMF SCREENING CRITERIA MANUAL

_____PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

_____OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

GUIDELINES / REFERENCES: WORK CONDITIONING / WORK HARDENING

Official Disability Guidelines 5th Edition 2006/2007 Work conditioning, work hardening
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-behavioural 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 (FCE's) 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 or less.