

# P&S Network, Inc.

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**DATE OF REVIEW:** 07-11-07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

10 SESSIONS WORK CONDITIONING

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

This case was reviewed by a Chiropractor. 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.

**REVIEW OUTCOME**

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

UPHELD (Agree)

**REVIEW OF RECORDS:**

- o Submitted medical records were reviewed in their entirety.
- o June 8, 2007 request for a review by an independent review organization by D.C.
- o April 20, 2007 utilization review report from Insurance and physician advisor M.D.
- o May 18, 2007 utilization review report from Insurance and physician advisor D.C.
- o March 28, 2007 cervical spine MRI report by M.D.

**CLINICAL HISTORY SUMMARY:** The patient is a female who sustained an industrial injury. She has complaints of neck and shoulder pain. A cervical spine MRI was performed on March 28, 2007 with an impression of minimal degree of C5-6 and, to a lesser extent, C4-5, C6-7, and C3-4 disc bulging. The report notes that there is perhaps mild desiccation of portions of the discs from C2-3 through C6-7. Examination findings have not revealed focal neurologic deficits. She has evidence of cervical and upper thoracic tenderness and limited range of motion. The utilization review decision dated April 20, 2007 states that the request for work conditioning is not reasonable or medically necessary because reassessment for benefit and continued functional gains should occur at two weeks before authorizing long-term work conditioning.

The utilization review reconsideration report, dated May 18, 2007, states that the request is not reasonable or medically necessary for the reasons listed below. The reviewing doctor stated that reconsideration for work conditioning times 10 sessions had been submitted for review. It was noted that a current functional capacity evaluation had not been performed. The reviewer stated that the FCE performed on March 28, 2007 reported that the employee was functioning at a medium PDL while her work requirements were medium to heavy. However, the report states that the work-required PDL appears to be self-reported and the report states that "a written job description could not be obtained from her employer." The reviewer noted that there was no documentation that the patient had been given a return to work with restrictions or that the employer is unwilling to make accommodations to allow the employee to return to work with restrictions. Finally, the report notes that based on the job description provided from the DOT, the patient has met her work-required PDL.

**ANALYSIS AND EXPLANATION OF DECISION:** The patient has met both her self-reported work requirements of medium to heavy and the job description provided by the DOT. Initiating a work conditioning program under these circumstances would not be consistent with the Official Disability Guidelines, which state that the program should be specific for the job the individual is going to return to. A clear job description has not been obtained from the employer such that the program could be tailored to be specific to this description. There are no documented attempts to return the patient to work with modified duties. Therefore, I recommend to uphold the decision to non-certify the requested 10 sessions of work conditioning.

**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

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

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-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 (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.