

MATUTECH, INC.

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DATE OF REVIEW: JUNE 11, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

20 sessions of work hardening (97545 and 97546)

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

Doctor of chiropractic, currently in active practice for over 20 years, licensed in the state of Texas.

REVIEW OUTCOME

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

Upheld (Agree)

Medical necessity does NOT exist for the requested work hardening program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Spine and Rehab:

- Office notes (05/22/07)
- PPE/FCE (04/10/07 & 05/10/07)
- Radiodiagnostics (10/28/05 & 01/13/06)
- Procedure notes (02/10/06 & 12/06/06)
- Utilization review (04/17/07)

Inc.:

- Office notes (05/22/07)
- PPE/FCE (09/01/06, 03/02/07, 04/10/07 & 05/10/07)
- Radiodiagnostics (01/03/06)
- Electrodiagnostics (11/07/06)
- Procedure notes (02/10/06 & 12/06/06)
- Medical reviews (09/06/06, 09/14/06 & 03/06/07)
- Utilization reviews (09/26/06, 04/17/07 & 04/27/07)

PATIENT CLINICAL HISTORY:

This is a patient who was injured, while lifting some large ramps onto a flat bed truck. His footing slipped and in an attempt to prevent the ramp from falling on top of him, he tried to hold up the ramp resulting in an injury to his back with pain radiating to the right leg.

The patient was evaluated by M.D. X-rays of the lumbar spine showed partially transitional, facet subluxation, and foraminal stenosis, and retrolisthesis of 7 mm in extension. Dr. diagnosed low back pain with sciatica, failed conservative treatment, and loss of motion segment integrity and prescribed Flexeril, Motrin, and Lorcet. Magnetic resonance imaging (MRI) of the lumbar spine showed herniated nucleus pulposus (HNP) at L3-L4, L4-L5, and L5-S1; and L5-S1 facet joint arthropathy with moderate foraminal stenosis. Lumbar x-rays showed mild L5-S1 narrowing.

In January 2006, a lumbar discogram was positive at L3-L4. Post-discogram computerized tomography (CT) showed findings consistent with grade IV disc pathology at L3-L4, L4-L5, and L5-S1 with severe spinal canal stenosis as a result of the disc pathology at L3-L4 and mild-to-moderate spinal canal stenosis at L4-L5.

Dr. performed bilateral L2, L3, and L4 laminectomy and foraminotomy with L3-L4 arthrodesis. Postoperatively, Serax was switched to Soma. The patient was referred to spine and rehab for physical therapy (PT). In July, Dr. noted that the bone stimulator was not working. He planned outpatient surgery for the bone stimulator and electrode removal along with exploration and repair as indicated.

M.D., performed a required medical evaluation (RME) and noted that the patient had been treated with trigger point injections (TPIs) through a chiropractic office with no help. He was found to be at maximum medical improvement (MMI) in September, and had entirely normal neurological evaluation with 0% impairment. Dr. opined that the treatment thus far consisting of surgery, epidural injections, discogram, and chiropractic care had been inappropriate and were not indicated. Further surgery was not recommended. M.D., a designated doctor, assessed clinical MMI as of September 14, 2006, and assigned 5% whole person impairment (WPI) rating. Electromyography/nerve conduction velocity (EMG/NCV) study showed increased insertional activity in the right quadriceps and tibialis anticus, 1+ fibrillation potential in the right tibialis anticus, and mildly polyphasic motor unit potentials in the tibialis anticus.

On December 6, 2006, Dr. performed bilateral L3-L4 revision, exploration of arthrodesis, and removal of the bone stimulator unit.

In March 2007, a physical performance evaluation (PPE) placed the patient at a light physical demand level (PDL) against his job requirement of a very heavy PDL. 12 sessions of active PT was recommended. In a psychological evaluation, he was diagnosed with frustration, mild depression, and moderate anxiety. A work hardening program (WHP) was recommended. D.C., performed an impairment rating (IR) evaluation and assessed clinical MMI as of March 6, 2007, and assigned 10% WPI rating.

D.C., stated that the patient's past therapeutic program had been exhausted with minimal or no lasting impact or overall improvement. The patient had been on a home exercise program (HEP) without improvement. WHP was recommended. In April, Dr. repeated the PPE in which the patient continued to function at the light PDL. The patient demonstrated inconsistent effort due to his inability to

control his leg pain and the inconsistency was observable with significant dystonia and fibrillations. Dr. recommended 20 sessions of WHP.

On April 17, 2007, WHP was denied. The rationale provided was: *Records indicate that the patient is just shy of years status post incident. As it pertains to the necessity of this request, no clear credible objective medical evidence has been submitted that warrants or supports the necessity for WHP. The past therapeutic program had been extensive, if not exhaustive, and has produced minimal or no lasting impact or overall improvement in his functional status and, more particularly, subjective complaints. No clear credible psychosocial issues have been identified that warrant or support the need for WHP.*

In response, Dr. stated that the fact that the patient was not improving with HEP indicated that he needed supervision and individual direction in order to receive significant improvement from an exercise program. A request for WHP was once again denied stating that: *The patient has undergone psychological testing, which revealed mild depression and mild anxiety. PPE stated that the patient reported low back pain with tingling in the gluteal area and discomfort down both legs. There is no documentation regarding the patient's current functional abilities as related to the requirement for return to work. There is no documentation that the patient requires multidisciplinary treatment program. The provider recommends WHP to increase strength and to teach proper body mechanics, cardiovascular conditioning, ergonomic principles, and to participate in group therapy. There is no documentation of limitations in these areas, and therefore, medical necessity of WHP was not established.*

X-rays of the lumbar spine performed in May showed no evidence of halos or hardware loosening. Dr. prescribed Lorcet and instructed the patient that he was not to return to work until his FCE/PPE was performed and WHP was completed.

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

THE CRITERIA FOR THE REQUESTED WORK HARDENING PROGRAM WAS NOT SATISFIED WITH THE DOCUMENTATION PROVIDED FOR REVIEW. SPECIFICALLY:

1. THERE WAS NO REMARKABLE NEED DEMONSTRATED IN THE RECORDS FOR THE MULTIDISCIPLINARY APPROACH,
2. THERE WAS NO EMPLOYER – EMPLOYEE AGREEMENT FOR RETURNING TO WORK, NOR WAS THERE DOCUMENTATION THAT THE EMPLOYEE WOULD RECEIVE ON-THE-JOB TRAINING UPON COMPLETION OF THE WORK HARDENING PROGRAM,
3. THE TREATING DOCTOR WAS REFERRING THE EMPLOYEE FOR RETRAINING AT THE TRC, SO THERE WAS NO JOB TO RETURN TO,
4. AT THIS DURATION, THE WORK INJURY IS OLD AND THE WORK HARDENING PROGRAM WOULD UNLIKELY RETURN THE EMPLOYEE TO THE VERY HEAVY PHYSICAL DEMAND LEVEL.

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**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**