**5068 West Plano Parkway Suite 122**
**Plano, Texas 75093**
**Phone: (972) 931-5100**

**DATE OF REVIEW:** 11/20/2007

**IRO CASE #:**

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

Work Hardening 06/06/07 – 07/13/07

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery.

**REVIEW OUTCOME:**

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

☒ Upheld

| Health Care Service(s) in Dispute | CPT Codes | Date of Service(s) | Outcome of Independent Review |
|---|---|---|---|
| Work Hardening | 97545 & 97546 | 06/06 -06/08/07<br>06/11- 06/15/07<br>06/18 – 06/22/07<br>0703, 5, 6/07<br>07/09 - 07/13/2007 | Upheld<br>Upheld<br>Upheld<br>Upheld<br>Upheld |

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

| Description of records: | Date: |
|---|---|
| | |
| Behavioral Health Screening Assessment - Center | xx/xx/xx |
| Utilization review decision – Chronic Pain program – Determination source and criteria included -Medical Review Institute | 05/25/07 |
| Weekly progress report –Center | Xx/xx – 05/25/07<br>06/04 – 06/08/07<br>06/11 – 06/15/07<br>06/18 – 06/22/07<br>06/25 – 06/29/07<br>07/02 – 07/06/07<br>07/09 – 07/13/07 |
| Office Visit –DO – Center | 05/25/07 |
| Physician's letter of medical necessity & Prescription form – | 05/29/07 |
| Weekly progress report –Center | 05/28 – 06/01/07 |
| Discharge Summary –Center | 06/01/07, |
| Weekly progress report –Center | 06/04 – 06/08/07 |
| Counseling summary note - Center | 06/06, 08, 15, 20, 25, 26, 28,<br>07/03, 05, 10, 12, |
| Treatment options for Spine Pathology –Center | 06/06/07 |
| Functional Capacity Evaluation –Center | 06/06/07 |

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|---|---|
| Self-Hypnosis training –Center | 06/07, 12, 14, 19, 21, 26, 28, 07/03, 05, 10, 12, |
| Biofeedback training –Center | 06/06, 08, 11, 13, 15, 18, 20, 22, 27, 29/07 07/02, 06, 09, 11, 13, |
| Weekly goal sheet –Center | Xx/xx – 05/28/07 06/03 - 06/29/07 07/06 – 07/12/07 |
| Exercise Sheet (daily)– Center | 06/04 – 06/28/07 07/02 – 07/13/07 |
| Process group notes - Center | 06/06, 07, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 26, 27, 28, 29, 07/03, 05, 06, 09, 10, 11, 12, 13, |
| Polypharmacy –Center | 6/13/07 |
| Office Visit –DO –Center | 06/15/07 |
| Arthritis note –Center | 06/20/07 |
| Weekly progress report –Center | 06/11 – 06/15/07 |
| Weekly progress report –Center | 06/18 – 06/22/07 |
| Notification of no medical coverage on auto policy –Insurance | 06/25/07 |
| Nutrition notes –Center | 06/27/07 |
| Weekly progress report –Center | 06/25 – 06/29/07 |
| Weekly progress report –Center | 0702 – 07/06/07 |
| Weekly progress report –Center | 07/09 – 07/13/07 |
| Etiology of Spine Pain –Center | 07/11/07 |
| Office Visit –DO –Center | 07/13/07 |
| Functional Capacity Assessment - Center | 07/13/07 |
| Functional Capacity Evaluation –Clinic | 07/17/07 |
| Counseling Summary –Center | 07/25/07 |
| Billing retrospective review – Professional Reviews | 07/27/07 |
| Appeal letter and supporting documentation for work hardening services provided - Center | 10/15/07 |
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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was involved in a motor vehicle accident while he was driving an 18 wheeler on xx/xx/xx. Multiple injuries reportedly occurred as a result of this accident.

The patient has undergone MRIs of the lumbar, cervical and shoulder areas. He has been treated with injections, physical therapy, and six weeks of pain management. He has been prescribed and has been taking Tramadol, Naproxen, Neurontin, Hydrocodone, Zoloft, Flexeril, Ambien, Lexapro and Ambien. He has been diagnosed as having post traumatic stress disorder and driving anxiety.

An FCE was done on 06/06/07 and found him to be at a medium/heavy physical demand level which is what his job requires. Based on a maximum voluntary effort test, the patient's full effort was questionable on the FCE. The patient's depression on the Hamilton depression scale decreased from 27 to 10. The patient's pain, on a VAS of 1-10 decreased from 8 to 7. The Pain Scale, which assesses the degree to which pain interferes with activities of daily living, work and leisure activities, depression and social interests, dropped 27%.

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

At the end of the pain management program, per FCE documentation, the patient was at a medium/heavy PDL category and it was thought he had not given full effort.

The employer's job description was described as being a medium/heavy category job. Therefore, at the end of the pain management program, the patient had already qualified for return to work at his previous occupation.

I recommend upholding adverse determination as claimant does not meet the criteria for a work hardening program based upon the above rationale, review of the available medical records and Official Disability Guidelines (ODG).

The ODG outlines the criteria for attending a work hardening program as follows: **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 with job demands that exceed abilities, 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.

The patient's main problem appeared to be driving anxiety and some residual post traumatic stress disorder symptoms. Per the ODG, post traumatic stress disorder should be treated in order for the patient to recover successfully.

Specifically, ODG 4th ed, p 1501, 2006 recommends individual trauma focused cognitive behavioral therapy (TFCBT), stress management and group TFCBT. Other non-trauma focused psychological treatments did not reduce post-traumatic stress disorder (PTSD) symptoms as significantly. Empirical research has demonstrated consistently that Cognitive Behavioral Therapy (CBT) is supported for the treatment of PTSD. It has been demonstrated that CBT is more effective than self-help, de-briefing, or supportive therapy in preventing more entrenched PTSD symptoms. Importantly, it is unclear if supportive therapy was of any clinical value in the treatment of PTSD since it appeared to impede psychological recovery. Strengths of CBT is difference in the safety and efficacy of providing treatment, working through traumatic memories, and helping the person through to re-frame one's interpretations of both the event and PTSD symptoms. Most importantly, CBT tended to have no to few side effects, unlike medications and could be employed efficiently for acute symptom treatment. (Warren, 2005).

Additionally, for Post -Traumatic Stress Disorder, the patient may return to work in 28 days per the ODG. This patient has exceeded that recommended time frame.

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

ODG:

ODG, 4th ed, 2006

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 11/20/2007.