



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: October 5, 2007

IRO Case #:

Description of the services in dispute:

Work conditioning 5X2 weeks.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician who provided this review is board certified by the American Board of Physical Medicine & Rehabilitation in General Physical Medicine & Rehabilitation and Pain Medicine. This reviewer has been in active practice since 2005.

Review Outcome:

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

Upheld.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The work conditioning is not medically necessary.

Information provided to the IRO for review:

Records received from the State:

Notice of case assignment 9/19/07 1 page

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Request for IRO 9/14/07 8 pages
Initial authorization decision and rationale 8/24/07 2 pages
Reconsideration decision and rationale 9/6/07 2 pages

Records received from the provider:

Daily Progress notes from individual therapy 7-8/07
Daily progress notes from pain management 7/16/07, 7/17/07 5 pages
Follow up with Dr. 7/19/07 1 page
Daily progress notes from pain management 7/20/07 1 page
Psychotherapy progress note 7/24/07 1 page
Daily progress notes from pain management 7/23-7/27 4 pages
Psychotherapy progress note 8/7/07 1 page
Daily progress notes from pain management 8/6/07 2 pages
Follow up 8/9/07 1 page
BAI scores undated 1 page
MPI scores 7/16-8/13/07 1 page
BDI scores undated 1 page
BHS scores undated 1 page
Chronic pain notes 7/16/07 5 pages
Request for work conditioning 8/17/07 1 page
Fax coversheet dated 8/20/07 1 page
Medical Conference notes 8/23/07 1 page
Preauth request 8/29/07 4 pages
Fax coversheet 8/31/07 1 page
Medical conference notes 9/10/07 1 page
Request for work conditioning 9/12/07 3 pages

Records received from the Carrier:

Criteria for work hardening 1 page
Summary 9/16/05-9/5/07 1 page
Peer to peer decision 7/31/07 1 page
ODI scores 1 page
Fax coversheet 8/20/07 1 page
Email regarding preauthorization 8/22/07 1 page
Peer-to-Peer decision 8/23/07 1 page
Fax coversheet 8/31/07 1 page

Email dated 9/4/07 2 pages
Peer to peer decision 9/5/07 1 page
Review response 9/14/07 3 pages
Notice of IRO 9/19/07 1 page
Email dated 8/31/07 1 page
Email dated 8/20/07 1 page
Email dated 9/13/07 2 pages

Patient clinical history [summary]:

The patient is a xx-year-old male with a history of injury. Diagnosis is lumbago. He reports he was injured while moving a gallon paint bucket. He has completed extensive physical therapy pre and post operative, facet and medial branch blocks, L3-4 and 4-5 micro discectomy, individual psych therapy and 20 sessions in a chronic pain management program. Psychological screening and testing has been completed. Beck anxiety scores improved from 13 to 4 from 3/07 to 8/07. Beck depression went from 17 to 5. In the course of the program he also made improvements in body mechanics, dynamic lifting, functional abilities, range of motion and strength. The patient also eliminated opiate medications. The notes indicate a successful outcome with the program. He was however recommended for continuation of treatment in a work-conditioning program for continued strengthening and conditioning and to get the patient to his required PDL. This however, has been denied on utilization review. The first denial states lower levels of tertiary care post completion of multi disciplinary care is not indicated. The reconsideration upheld the denial for the same reason. Of note the patient did have a job to return to at his prior employment.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

Based on the documentation provided work conditioning is not medically necessary. Post program work conditioning is not medically necessary. There are insufficient records provided to fully evaluate this case and determine medical necessity. The patient has however made significant progress and successfully completed a chronic pain program after completion of extensive physical therapy. There is agreement with the UR physician determination that this patient does not meet recommended guidelines for post program after care. Evidenced based guidelines also indicate that prolonged therapy does not have clear proven evidence of sustained gains over time and continued treatment would lead to system induced disability, as well as somatization, physician dependency, illness chronicity and de-conditioning, all of which are adverse effects to the patient.

A description and the source of the screening criteria or other clinical basis used to make the

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decision:

1. The Official Disability Guidelines, Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition)
2. Evidence-based clinical practice guidelines for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Sanders SH, Harden RN, Vicente PJ. Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p.
3. The APTA Guidelines for Programs in Industrial Rehabilitation

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