

True Decisions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: April 17, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 3/14 and 3/28/08
Pain & Recovery FCE 2/15/08, records 3/08 thru 4/08
3/28/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old xxx who had been a passenger on a bus struck by a train on xx/xx/xx. The Reviewer could not determine from the medical records, his specific problem other than back pain. He had disc surgery on 5/28 or 5/29/07. Again, the Reviewer could not determine why the surgery was performed or whether he improved or not after the surgery. He received physical therapy and 20 sessions of a chronic pain program after surgery. He reportedly did well in the chronic pain program, but still

reportedly has some issues. He remains symptomatic. A functional study on 2/15 showed he was at a sedentary or light duty level of function. His prior job required him to be at a heavy duty level of function.

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

The Reviewer is unclear why he had the surgery, especially when the initial reviewer had not authorized it. Second, he was in a chronic pain program. One of the goals of the program requirements is that he “is not a candidate where surgery or **other treatments** would clearly be warranted”. Further “The patient should be at MMI at the conclusion.” He apparently is not and the additional work hardening is requested.

Dr. cited the old regulations for work hardening. The ODG is the basis of the current criteria. This follows:

Recommended as an option, depending on the availability of quality programs. 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....These programs should only be utilized for select patients with substantially lower capabilities than their job requires. **The best way to get an injured worker back to work is with a modified duty RTW program** (see [ODG Capabilities & Activity Modifications for Restricted Work](#)), rather than a work conditioning program, but when an employer cannot provide this, a work conditioning program specific to the work goal may be helpful. ([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). ... 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. Work conditioning and work hardening are not intended for sequential use. They may be considered in the subacute stage when it appears that exercise therapy alone is not working and a biopsychosocial approach may be needed, but single discipline programs like work conditioning may be less likely to be effective than work hardening or [interdisciplinary programs](#). ([CARF, 2006](#)) ([Washington, 2006](#)) ...

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.
- ODG Physical Therapy Guidelines – Work Conditioning
10 visits over 8 weeks

First, he has documented lower levels of function than his job apparently requires. The Reviewer saw no comment that his employer would not offer a modified duty program to return him to work as advised in the ODG. Further, there is no comment of an agreement for him to return to this work. He was previously in a biopsychosocial rehabilitation program with the chronic pain program. Although he may be motivated, he is not able to perform at the level of his prior work. There is no reasonable assurance that he would do so now having previously received physical therapy sessions and additional therapy sessions associated with the pain program.

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
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**