

P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills,
CA 90211

Ph: (323)556-0555 Fx:
(323)556-0556

Notice of Independent Review Decision

DATE OF REVIEW: April 2, 2008 **AMENDED REPORT 04-02-08**

IRO CASE #:

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

This case was reviewed by a Pain Management doctor, Licensed in Texas and Board Certified. 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.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

97545 & 97546 WORK HARDENING/CONDITIONING (retrospective) 7/13/07 through 8/29/07 (26 visits)

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: Overturned (Disagree)

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient sustained an industrial injury involving the lumbar spine. She reportedly lifted a case of water while working as a injuring the lumbar spine. According to a December 1, 2006 report, she returned to work as a on September 29, 2006, and then was re-injured on xx/xx/xx, after lifting a 60 pound bag of dog food out of a grocery cart. She had not returned to the work since the reinjury on xx/xx/xx. A functional capacity evaluation was performed on August 29, 2006 and she was found to be at a sedentary capacity.

Electrodiagnostic studies were completed on July 25, 2006 and were found to be unremarkable. A lumbar spine MRI was performed on July 5, 2006 with impressions of multisegmental degenerative disc disease from T8-9 to L5-S1 with the exception of the L3-4 level. Multiple small disc protrusions were seen with the most prominent finding being a 3 mm central/slightly right paracentral protrusion at L5-S1 with effacement of the thecal sac.

On June 19, 2007 she underwent a history and physical for work hardening. The report states that the patient had treatment with an epidural steroid injection which helped for a few days, then her pain actually increased. Examination findings included well-nourished moderately obese female, regular heart rate and rhythm without murmur, lungs clear to auscultation

bilaterally, no gross atrophy of the lower extremity musculature, and generalized tenderness to palpation of the lumbar spine. The patient was deemed a good candidate for a work hardening program. The patient had weaned herself off of pain medications. The physician stated that the work hardening program would help her maximize her function and return to work as soon as possible. She was evaluated by the same physician on July 17, 2007 stating that she had a slight increase in her back pain since beginning the work hardening program. She had weaned herself off of her pain medications but had some increased discomfort from the stress of the program itself and presented to get refills of her previous medications.

An October 15, 2007 report states that the patient was a good candidate for the work hardening program. She was relatively stable with her symptoms. She had not responded particularly well to injection therapy or conservative rehabilitation. She had failed attempts to return to work at light duty. Her restrictions were apparently not followed. Prior to the program, she reviewed a comprehensive job-specific functional capacity evaluation. She could not safely perform her pre-injury work duties as a . She also received a completed psychosocial workup that confirmed depressive disorder secondary to her work injury. She was preauthorized for six visits of individual counseling prior to her initiating work hardening. She met all the accepted entrance criteria for the comprehensive program. She initiated the return to work program on July 9, 2007 and her progress was evaluated throughout the program via objective FCE. She reportedly made steady gains throughout her participation. At discharge, she was able to meet her required job demands of medium physical demand level for a cashier position. She was discharged back to her treating doctor with the anticipation of work release. The physician stated that he had been informed that the carrier was disputing payment for the work hardening program. The physician reiterated that the patient was in fact an excellent candidate for the work hardening program and that all the ODG and CARF guidelines were met. She was motivated and responded favorably to the intensive work simulation.

The records contain a December 6, 2007 report which lists each of the ODG criteria for admission to a work hardening program and answers each one. In response to the criterion for physical recovery sufficient to allow for progressive reactivation and participation, the report notes that the patient underwent an objective FCE evaluation on June 18, 2007. She demonstrated that her recovery was sufficient to allow for progression and participation in a comprehensive program. The initial FCE dated June 18, 2007 clearly show the patient cannot return to work at her current functional PDL of medium for the cashier position. In response to the criterion for a defined return to work goal agreed to by the employer and employee, the report states that her agreed-upon vocational goal was in fact to return to her cashier position with her employer. Her job duties were verified by the employer. It was confirmed that she would not be allowed to return to a light duty position, as previous attempts at following prescribed restrictions had not been followed. Regarding the criterion stating that the worker must be able to benefit from the program, the physician referred to the FCE which showed her ability to make quantifiable functional improvement. She had multiple deficits in strength, range of motion, and work tolerance. The team agreed that this was the most efficacious level of care for her at the time. She was motivated to participate in the program. The psychological evaluations of May 9, 2006 demonstrated injury related barriers that would likely interfere with her ability to benefit from treatment. Subsequently, six visits of counseling therapy were preauthorized as medically necessary and provided. The psychology team formally recommended that she was a suitable candidate for the work hardening program. Psychological assessment showed the patient had the ability to benefit from the program. In response to the criterion stating that work hardening program should be completed in four weeks consecutively or less, the report states that her program was completed within 30 visits. She met her required PDL and was released back to the care of her treating doctor with the anticipation of returning to her position with her employer. Duration of the program exceeded the ODG recommended 20 days of care secondary to the following comorbidity factors: Moderate obesity, chronic hypertension, which slowed her functional progression.

The records contain an October 1, 2007 retrospective utilization review report. The service in question was non-certified as the reviewer stated that there was no objective, functional documentation showing the need for the work hardening procedures. The request was denied based on lack of medical necessity for these procedures based on accepted medical guidelines. The Official Disability Guidelines were stated as being the screening criteria, however, no specific citations from these guidelines were documented in this report.

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

As outlined above, the patient meets all of the ODG criteria for admission to a work hardening program. In an initial functional capacity evaluation, she was found to have recovered at a level sufficient to allow participation of the program. She was cleared by a psychological team as a suitable candidate for the work hardening program. She had failed return to work attempts and had an agreed-upon return to work goal. She was less than two years following the date of injury. She was motivated to participate in the program and the providers had agreed that this would be the best course of treatment for her. There are indications in the records that the patient is diabetic, in addition to the listed comorbidities of moderate obesity and chronic hypertension. These comorbidities could account for the slightly longer treatment duration than the recommended four weeks in the ODG. Given that the patient had met the criteria in the ODG guidelines for admission to a work hardening program, my determination is to overturn the previous decisions to retrospectively non-certify work conditioning from 7/13/07 through 8/29/07 (26 visits).

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
- __x__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 Low Back - Lumbar & Thoracic (Acute & Chronic):

Work conditioning, work hardening:

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. However, there is no evidence of their efficacy for acute back pain. 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). (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. 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) Use of Functional Capacity Evaluations (FCE's) to evaluate return-to-work show mixed results. See the Fitness For Duty Chapter.

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.